7/24/20 Morning Report with @CPSolvers

Case Presenter: *Alec Rezigh (@ABRezMed)* ***Case Discussants***: *Reza Manesh (@DxRxEdu) and Rabih Geha (@rabimgeha)*

CC: R. arm pain since 2 weeks
HPI: 75 F reports suffering a mechanical fall 2 weeks prior to presentation. Denies weakness or numbness. % a diffuse rash since 1 month, across arms, buttocks, legs, abdomen, chest and back. Rx with lotions, changed detergent with no improv. Progressively worse, not assoc. with itching or pain. Complains of not eating well, no dysphagia, odynophagia, fever, chills.

Readmitted for urosepsis, Rx abx

PMH: GERD, HTN, DM (diet controlled), HF preserved EF, h/o Cholecystectomy
Meds: Atorvastatin Lisinopril Metformin Sitagliptin Furosemide (no new medication)

Fam Hx:2 brothers w/ unknown CA

Soc Hx: Non smoker, non drinker, no drug use, retired, prev office job

Health-Related Behaviors: No h/o travel, sick contacts.

Allergies: no known

Vitals: **T**: afebrile **HR**: 104 **BP**: 108/62 **RR**: 16 **SpO_2**: 96% RA
Exam:
Gen: No acute distress, oriented
HEENT: No palpable LAD, No oropharyngeal exudate, erythema
CV: Tachycardic, regular, no extra sounds
Pulm, Abd, Neuro: Normal
Extremities: MSK - Mild tenderness R arm around shoulder, ROM normal
Skin: Medial L. upper arms, abd, LL - multiple red, firm, nodular plaques with central clearing some annular. Middle lower back erythematous patch with overlying purpuric patch.

Notable Labs & Imaging:
Hematology:
WBC: 5 (N diff) Hgb: 12.5 MCV 96 Plt: 249
Chemistry:
Na: 137 K: 3.6 Cl: 98 CO2: 16 BUN: 20 Cr: 0.86 glucose: 139 Ca: 9.5
Troponin 0.01 Lactate 9.6 (fluid resuscitated, lactate - around 4)
U/A - Sp gravity 1.051. 1+ Protein, 30 WBC, RBC
LDH: 573 Uric acid 10.9

Imaging:
EKG: Sinus Tachy, S1Q3T3 pattern
CXR: Clear, R. arm X ray - no fracture/acute pathology
CT PE: No PE, R. small pleural effusion w/ atelectasis, no parenchymal ab, nodular soft tissue thickening around R. atrium extending to interatrial septum, mild narrowing of SVC near atrial junction (mass effect), small pericardial effusion
CT abdomen : no LAD, no evidence perinephric/pericystic stranding/abscess
ECHO: N EF (65%), normal RV systolic function, atria normal size, prominent lipomatous hypertrophy of interatrial septum extending to left atrium
Derm consultation: Skin Bx diffuse lymphoid prolif, consistent with **high grade B cell lymphoma**

Problem Representation:
75 F presents with right arm pain, diffuse rash across body and complains of not eating well. In the labs, she had high lactate and LDH.

Teaching Points (Andrea):
- Rash: blanching like in Vasculitis, fever due to inflammation
  -Local: contact dermatitis, celulitis
  -Diffuse: Internal causes like eczema (commonly transient)
- Purpuric lesion: vascular problem
- Fever + rash: mycobacterium, fungal infection, drug related, cancer (lymphoma, primary cutaneous lymphoma, leukemia), autoimmune (vasculitis, lupus, adult onset still, Sweet´s syndrome)
- Lactic acidosis:
-Type A: Local hypoxia
-Type B: Mitochondrial disorders (ETOH, drug like metformin) Glycolysis (beta 2 agonist), warburg Effect (inability to regulate oxygen and glycolysis)
- Right heart strain: most common cause is PE
- High Gravity of urine show osmolytic state or contrast
- S1Q3T3 pattern of acute cor pulmonale is classic but not very sensible for Pulmonary embolism
- Atrial pathology: endocarditis of valvule, mural endocarditis, clott, malignancy, histiocytic disorders (like Erdheim Chester)
- Metastatic disease is more common than primary cardiac tumor
- Left masses in heart: more benign like myxoma
- Right mass: lymphoma, sarcoma
- Tumor lysis syndrome: tumor cells release their contents into the bloodstream, either spontaneously or in response to therapy-Characteristic findings of hyperuricemia, hyperkalemia, hyperphosphatemia, and hypocalcemia.