7/29/20 Morning Report with @CPSolvers

Case Presenter: *Reshon Hadmon* ***Case Discussants:*** *Sonia Silinsky Krupnikov and Adi Achanti*

CC: Cough

HPI: 30F reported feeling "bad" for 6 months. % cough occurring during the day, progressive in nature, non productive and assoc. w/ pain 6/10 localised to R. chest. She also % SOB during the episodes. Cough progressed over months, non positional, worse w/ activity, better w/ rest. She reports fever since one week, relieved by medication.
ROS: blurred vision in R eye, dry eyes in both eyes.
No wt loss, NS, fatigue, confusion, runny nose, nausea and vomiting, dysphagia, palpitation, abd pain, diarrhea.

PMH: Joint pain since 2 yrs (Unknown Dx), 1 yr ago - ophthal consult -inflammat of eye (Rx: eye drops)
Meds: NSAIDs ?unknown eye drop

Fam Hx: Father died - unknown cancer, mother - healthy, sister - SLE
Soc Hx: Chef at prison (From Grenada, seen in Arizona)
Health-Related Behaviors: Non-smoker, no alcohol consumption/illicit drugs. Not sexually active. Diet - non vegetarian
Allergies: No known food/drug allergies

Vitals: **T:** 38(100.4) **HR:** 80 **BP:**120/80 **RR:** 24 **SpO_2:** Normal
Exam:
Gen: No apparent distress
HEENT: Normal, pupils reactive, ciliary flush + R. eye
CV: S1 S2 heard, no murmurs/gallops
Pulm: faint crackles B/L lung fields
Abd: Non tender, no palpable organomegaly
Neuro: CN intact, No focal deficit
Extremities/Skin: 2 painful erythematous nodules seen & palpated b/L LL

Notable Labs & Imaging:
Hematology:
WBC: 7 Hgb: 13.5 Plt: 200
Chemistry:
Na: 137 K: 3.7 Cl: 98 BUN:15 Cr: 1.0 glucose: WNL
Ca:12
AST: 30 ALT: 20 Alk-P: 250 T. Bili: WNL Albumin: WNL
HIV -ve(months prior)
Imaging:
EKG: Normal sinus rhythm
CXR: B/L hilar adenopathy , infiltrates
PPD- -ve, Bronchial lavage - sputum AFB -ve, CD4/CD8 - 4
PFT- DLCO- decreased, FEV/FVC N, TLC N
Bx Non- Caseating granuloma, Acid fast -ve, r/o fungal
Rx Prednisone, FU - steroid eye drops for uveitis
Dx - Sarcoidosis

Problem Representation: Young woman w/ chronic non productive cough, arthralgia, uveitis and erythema nodosum.

Teaching Points (Andrea):

- Chronic cough: GEERD (worse at night), Asthma (worst at night, exacerbated with exercise), post nasal drip (itchy nose), Heart problem,
- Dyspnea causes: heart, lung or something else (anemia, comp for metabolic acidosis)
- Muscle can be pulled, rib fracture due to cough can cause dyspnea
- Obstructive goiter can produce coughing
- Sjogren syndrome: Chronic autoimmune disorder characterized by exocrine gland dysfunction and dryness of mucosal surfaces (sicca symptoms) usually affecting the eyes and mouth.
- Arizona: never miss coccidiomycosis
- Erythema nodosum: tender, warm, erythematous subcutaneous nodules, usually located symmetrically on pretibial surfaces. Triggers: streptococcal infection, chronic inflammatory or autoimmune diseases, and medications, but 30%-50% of cases are idiopathic.
- Syphilis does not tend to produce lung problems
- High Ca: mediated PTH vs No PTH (vita D mediated, granulomatous processes like sarcoid and lymphoma)
- Sjogren and sarcoid can mimic each other
- Uveitis, erythema nodosum, hypercalcemia common in granulomas and ANCA + diseases
- Sarcoid is a ruled out dx after TB and infections
- UE High yield for Rheum and ID docs: relevant for red cells and cast to indicate sero pyuria or glomerulonephritis
- Sarcoidosis is a systemic disease of unknown cause characterized by formation of immune granulomas. Most common complications include fibrosis, pulmonary hypertension, and persistent disabling symptoms, which can result in impaired quality of life.