



# 7/27/20 Morning Report with @CPSolvers



Case Presenter: (Sonya Davey) Case Discussants: (Leticia Maciel) and (Andrew Sanchez)

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| <p><b>CC:</b> B/L leg and scrotal swelling</p> <p><b>HPI:</b> 84 M w/ PMH CAD Rx w/ CABG in 2011, HTN, adenoca (duodenal) stage 4 post whipple Rx chemotherapy in remission, w/ hypothyroidism. CTS Rx B/L surgery.</p> <p>R. Leg began swelling 10 days ago, progressed to R leg 5 days ago.<br/>No SOB, progressively fatigued.</p> | <p><b>Vitals:</b> T: 36.9 HR: 72 BP: 119/64 RR: 18 SpO<sub>2</sub>: 95% RA</p> <p><b>Exam:</b></p> <p><b>Gen:</b>No acute distress</p> <p><b>HEENT:</b></p> <p><b>CV:</b> Normal S1 S2, holosystolic murmurs, JVP - 10cm</p> <p><b>Pulm:</b> Bibasilar crackles in LL fields</p> <p><b>Abd:</b> soft, non tender</p> <p><b>Neuro:</b> No abn- 5/5 strength upper &amp; lower, CN intact</p> <p><b>Extremities/Skin:</b> MSK: b/l distal biceps tendon rupture</p> | <p><b>Problem Representation:</b></p> <p>84M w hx of cardiac disease, b/l CTS, duodenal cancer in remission p/w volume overload &amp; elevated JVP found to have spontaneous tendon rupture ultimately diagnosed with transthyretin amyloidosis</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>PMH:</b></p> <p>CAD Rx CABG in 2011</p> <p>Duodenal Adenoca stage 4 Rx Whipple surgery + chemo</p> <p>Hypothyroidism</p> <p>B/L CTS Rx surgery</p> <p><b>Meds:</b> Amlodipine, HCTZ, Lisinopril, Aspirin, Atorvastatin, Levothyroxine</p> <p>Chemo - cytarabine</p>                                                             | <p><b>Fam Hx:</b> Mother - lung ca<br/>Father - prostate ca</p> <p>No CVD</p> <p><b>Soc Hx:</b> Married 30 yrs, wife passed away, 3 children, retired lives alone</p> <p><b>Health-Related Behaviors:</b></p> <p>No smoking, drug, not sexually active, 7 glasses alcohol/wk</p> <p><b>Allergies:</b> no allergies</p>                                                                                                                                            | <p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b></p> <p>WBC: 7.3 Hgb: 12.4 Plt: 166</p> <p><b>Chemistry:</b></p> <p>Na: 138 K: 4.3 Cl: 101 CO2: 24 BUN: 24 Cr: 1.1 glucose: 120 Ca: 8.9 Phos: 2.6 Mag: 1.9</p> <p>AST: 20 ALT: 24 Alk-P: 108 T. Bili: 1.0 Albumin: 4.1</p> <p><b>Imaging:</b></p> <p>EKG: Sinus rhythm</p> <p>CXR: R &amp; L pleural effusion + cardiomegaly ( sim prior)</p> <p>ECHO: Increase LV wall thickness, LVEF 40%, restrictive, severe RV dilation, severe LA RA dilation, mod MR, TR</p> <p>Cardiac MRI: B/l diffuse subendocardial enhancement of LV &amp; RV, increased IV septal thickness</p> <p>PET Scan - continued remission</p> <p>Doppler LL - no clots CT PE - No PE</p> <p><b>Other :</b> BNP: 6000 (500), Troponin 120 (at max) TSH 2.5</p> <p>Thoracentesis: transudative, no malignancy on cytology, culture -ve</p> <p>Technetium PYP scan: low cardiac uptake &lt; ribs, SPEP: mild M spike, normal IgG, free K/L normal, Wild TTR genetic test -ve.</p> <p><b>Endomyocardial biopsy: TTR amyloidosis</b></p> | <p><b>Teaching Points (Sharmin):</b></p> <p>Scrotal swelling + b/l LE swelling -&gt; translate to volume overload &amp; think 3 organs (heart, liver, kidney)</p> <p>--Patient's background to help inform our thinking: hx of CA ( causing vessel obstruction, chemotherapy side effect), thyroid disease &amp; cardiac disease</p> <p>→ JVP elevation prioritize cardiac involvement</p> <p>Murmurs: primary valvular pathology vs secondary to dilation of the chambers</p> <p><u>CR pearl:</u> when you don't have an approach, activate a similar schema you are familiar with to make progress (eg here Enthesitis for spont tendon rupture)</p> <p>Thinking of spontaneous tendon rupture + b/l Carpal tunnel syndrome → soft tissue/Infiltrative processes: SAL!!! (sarcoid, amyloid &amp; lymphoma)</p> <p>Venn diagram of cardiac pathology &amp; soft tissue/tendon involvement -&gt; amyloid</p> <p>Amyloid = misfolded protein that deposits in different places</p> <p>Top 3: AA (chronic inflammation, 15%), AL (light chain, 70%), ATTR (transthyretin, 5%)</p> <p>AL + ATTR can have cardiac involvement</p> <p>Layering on soft tissue involvement w carpal tunnel -&gt; ATTR</p> <p>ATTR: genetic or acquired (tendon infiltration before RH failure, more common in men)</p> |