7/10/20 Morning Report with @CPSolvers

***Case Presenter**: Ann Marie Kumfer (@AnnKumfer) **Case Discussants**: Reza Manesh (@DxRxEdu) and Rabih Geha (@rabimgeha)*

CC: night sweats/fevers
HPI: 69F w/PMH sinus cancer, transferred from neighboring hospital with night sweats
4 weeks ago, developed severe night sweats w/associated rigors
Having fevers to 38 degrees
Nausea with clear emesis
Dysphagia, early satiety, weight loss (amount unknown)
Diffuse weakness, nonfocal
Difficulty getting out of bed due to weakness
Prior to symptoms, traveled to Indiana, Missouri - did some cave exploration
Evaluated prior to current presentation - has received prednisone, azithro, doxycycline/ceftriaxone - broadened to vanc, meropenem, amphotericin B

PMH:
History of surgery and radiation for sinus cancer
Patient unsure of type of cancer, but has had follow up without recurrence
Meds:
Aspirin

Fam Hx:
noncontributory
Soc Hx:
Denies EtOH or drug use
Not sexually active
Lived in Southeast Asia in the 1970s

Vitals: **T**: 38.1 **HR**: **113** **BP**: 130/60 **RR**: 18 **SpO_2**: 94% RA
Exam:
Gen: fatigued, shivering, not diaphoretic, chronically ill
HEENT: circular indentation at surgical site, otherwise normal, EOMI, pupils reactive
Lymph: no masses in neck, no cervical/axillary LAD
CV,**Pulm**: normal
Abd: splenomegaly, nontender
Neuro: non focal, diffuse weakness, normal DTRs, sensation
Extremities/Skin: no skin rashes, good pulses

Notable Labs & Imaging:
Hematology:
WBC: 5 (diff: 0.2 ALC, 4.3 ANC) Hgb: 9.1 (MCV 84) Plt: 180
Chemistry:
Na: 132 K: 4.5 Cl: 91 CO2: 29 BUN: 14 Cr: 0.88 AG 12 glucose: 94 Ca: 7.3
Phos: 3.6 Mag: 2 AST: 142 ALT: 97 Alk-P: 140 T. Bili: 1.3 (DBili 1.8)
Albumin:2.2 TP 4.7, CRP 139, ESR 140, CK 34
UCx NGTD BCx NGTD
Imaging:
NCHCT: no acute intracranial abnormality
NC CTAP: splenomegaly (w/progression from prior 12-->20 cm over 3 weeks)
CT chest: no acute findings
TTE: aortic sclerosis, otherwise normal
CMV IgG/IgM, adenovirus, EBV IgG, HSV, parvo, lyme, ehrlichiosis , HIV ½ ab and HIV 1p24,, acute hep panel, bartonella, Q fever, brucella, tularemia - NORMAL. Fungitell - negative. Fungal antibodies negative.
VL<200, RPR nonreactive Received LP: EBV, HSV, AFB, cytology negative
Ferritin 4350 LDH 4774 TGs 377
Fibrinogen 801 INR 1.76, Uric acid 1.72, SPEP w/o spike, BMBx normal, no abnormalities w/normal karyotype
Biopsy of spleen: diffuse large B cell lymphoma

Problem Representation: 69F w/PMH remote sinus cancer s/p surgery/XRT, presenting with night sweats/fevers/progressive inflammatory syndrome, found to have massive splenomegaly, mild liver abnormalities, and absolute lymphopenia, found to have biopsy confirmed DLBCL

Teaching Points (Andrea):
Inflammation: More specific fever, leukocytosis, thrombocytosis, elevated ferritin, rigors, tachycardia
Rigors: Inflamed state --> cytokines increase temp set point in hypothalamus so body feels cold and to reach new set point so they have rigors. No pathognomonic bacteremia. When inflammation goes yo have to sweat Implies acuity.
Causes of Inflammation I MADE: Infection, Malignancy, Autoimmune, Drugs/DVT, Endocrine)
Klinefelter syndrome: hypogonadotropic hypogonadism Hot flashes at young age
Night sweats: Majority not real. Hipoglicemic, low temp low sz.
Physical exam not very sensitive for lymph nodes
Splenomegaly: molecules, water (Portal hypertension most common), cell like RBC (congenital problem like talasemia, malaria, bartonella) and WBC (I MADE like Tuberculosis, histoplasmosis, leukemia, p vera, drug induced)
East asia: Melioidosis (Burkholderia pseudomallei)
CRP: Acute inflammation marke, ESR:More chronic
Splenomegaly: mononucleosis, tick borne, granulomatosis (thoracic pathology common entrance)
MUST HAVE Felty system (RA), Still's dz (leukocytosis)
Solid cancers not mess w spleen except melanoma
LDH elevation: infarction, lymphoma, leukemia, HLH (2ry commonly)
NK cell lymphoma tends to be aggressive most common in men w Subacute
Hodgkin dz in older adults tend to have lymphopenia