



# 7/9/20 Morning Report with @CPSolvers



Case Presenter: Rafael Medina (@Rafameed) Case Discussants: Elizabeth Evans (@Elizabe19893579) and Stephen Ettinger (@settinger\_)

**CC:** weight loss

**HPI:** 19F presents to ER due to rapid weight loss associated with loss of appetite and abdominal distension. Unknown tempo of weight loss, but notes WL is significant. Denies febrile episodes, though unmeasured temperature. SOB during daily activities. Pt denies significant medical problems or prior hospitalizations. Dog died 4 mo ago

**PMH:**  
No surg hx

**Meds:**  
none

**Fam Hx:** Born and raised in Brazil, no recent travel

**Soc Hx:**

**Health-Related Behaviors:**  
none

**Allergies:** none

**Vitals:** T: 39 C HR: 75 BP: 120/80 RR: 21 SpO<sub>2</sub>: 99% on RA

**Exam:**

**Gen:** fatigued, malnourished

**HEENT:** conjunctival pallor; LAD

**CV:** nl

**Pulm:**

**Abd:** palpable left hepatic lobe; splenomegaly crossing midline extending into pelvis

**Neuro:** wnl

**Extremities/Skin:** pale with no edema

**Notable Labs & Imaging:**

**Hematology:**  
WBC: 1.6 (L 80%) Hgb: 8.5 Hct: 25 Plt: 45  
RDW: 20.2% RBC low  
Smear: polychromasia, anisocytosis (?), giant platelets

**Chemistry:**  
Na: 129 K: 4.5?? Cl: CO2: BUN: Cr: 0.87 glucose: Ca: Phos: Mag:  
AST: 43 ALT: 10 Alk-P: 68 T. Bili: 0.76 Albumin: 2.5  
Amylase: 51 ; CRP: 85.2 ; TP 9.7  
Gammaglobulin? 7.2  
D. Bili- 0.44 Indirect Bili: 0.32

**Bone Marrow Bx:** Visceral Leishmaniasis

**Problem Representation:** 19F with subacute significant weight loss, SOB, fever and abd distension with labs notable for pancytopenia and bone marrow Bx c/w visceral leishmaniasis.

**Teaching Points (Andrea):**

Rapid weight loss, abdominal distension: GI, systemic dz, chronic infection

Abdominal distension: splenomegaly, hepatomegaly, excess gas, fluid (lung, cardiac etiology), pelvis (pregnancy)

Young adult: consider pediatric diseases

Diarrhea: can be pathology or symptom

Inflammatory hematologic syndrome: framework

High fever (39): big inflammation, no miss dx: microangiopathic hemolytic anemia

Protein gap: bone marrow pathology that suppresses ability to create normal WBC: Monoclonal spike (MM), polyclonal (autoimmune dz, Waldenstrom macroglobulinemia )

Pancytopenia: Bone marrow pathology inner (infiltrative process or BM material) external (lupus)

Giant platelets: immature (pushed out due to problem in BM and pulled out for problem in periphery)

Splenomegaly: destroy cells

HLH: 50% cancer, 30% infection, 20% Autoimmune

Subacute: coxiella, TBC, salmonella, typhoid, leishmania

Leishmaniasis: India, Bangladesh, Brazi. Dog spread it and asymptomatic. Liver, spleen, BM. Plasmacytosis, polyclonal, dyspnea, bacteria infection, Dx: fever, weight loss, pancytopenia, hiperglobulinemia, Liposomal amphotericin B