4/3/20 Morning Report with @CPSolvers

CC: 53 F p/w hypotension, worse dyspnea

HPI: Admitted 3-4 days ago w/ hypoxemic resp failure. Now more SOB, with recent dark stools. Intubated → to ICU

Vitals: normothermic, HR: 102, BP 90/48 → 104/55 in ICU, RR 24, 50% FiO2 → 92% on Vent

Exam:

Gen: diaphoretic, in distress

Cards: no JVD

Pulm: diffuse crackles, symmetric expansion

GI: no melena, no BRBPR

Skin: serpiginous, non-blanching, maculopapular rash in the trunk

PMH: Afib, RA, amiodarone induced pulm disease, CAD, HTN AAA repair last year

Meds: amiodarone, MTX, chronic steroids (10mg/day), pip-tazo (more recent)

Fam Hx: n/a

Soc Hx: daily smoker, ½ pack, no alcohol or drug use

Notable Labs & Imaging:

CBC: Hg: 6.9 from 9.5 hct 21.7% plt 136, MCV 93.4, RDW 19.9, WBC 15.7 (PMN predominance, no eos)

ABG: resp acidosis, hypoxemia

CMP: Na 141, K: 3.4, Cl 109, Bicarb 23, Ca 7.8, Mg 2.1, gluc 190, BUN 37, Cr 0.88,

LFTs: AST 56, ALT 66, AP 73, TBili 1.9, Direct Bili 1.2, TP: 3.8, Albumin 1.6, PT 16.1, INR 1.3, PTT 30

Beta-D glucan 259

CT chest: bilateral effusion, patchy ground glass opacities

BAL: Progressively bloody. WBC 1483, 98% PMN. Silver stain: pos for pneumocystis, path = larva c/w strongyloides

Problem Representation: 53W immunocompromised on chronic steroids with a history of amiodarone induced lung injury with acute onset hypotension, hypoxemia, and acute anemia found to have patchy GGOs, DAH, positive BDG & path c/w PJP + strongy infx

Teaching Points:

- Emergent causes of **acute hypotension: distributive, cardiogenic, hypovolemic, and obstructive).**
- **R**ecognize **L**ocalize **R**everse is your path to supporting a patient through shock **(RLR)**
- A patient **on chronic corticosteroids ≥ 5mg prednisone** daily who develops acute illness, **consider stress-dose steroids** for relative, central adrenal insufficiency.
- **Life threatening causes of rash:** Meningococcemia, endocarditis, TSS, RMSF
- **Acute Pulm Infiltrates:** Water, Pus, Cells (Reactive, Drug, Malignancy), Blood, Lipid
- **Elevated BDG:** Signal (fungal infxn: PJP) or noise (gut translocation). Pip/Tazo is a less common cause now.
- **Mucor, Crypto, and Blasto** will have **normal or low level elevation of BDG.**
- **DAH:** Vasculitis/opathy, Infxn, Drug, irritant, ↑ V. Press.
- Future Reading: Tony Breu's GIB Tweetorial and the Bun/CR ratio in GIB