



8/20/20 Morning Report with @CPSolvers



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CC: Palpitations

HPI: 47 M with DM 2, hypertension and hyperlipidemia p/w palpitation to ED. He felt well until a month ago. 2-3 min episodes of palpitations, flutter sensation in chest (beating, heart racing), anxiety and lightheadedness

Nearby ED in past 2 days with same issue: Thyroid levels too high and had metazolol.

ROS: no recent fevers, no sweating, sweat when nervous, 10 pounds weight loss, SOB, no chest pain pressure, no recent diarrhea, CU nor flashing, no headache.

Hosp 2: Episode 5-10 min, sinus tachycardia 130, diaphoretic, tremulus BP 160/100 Gradual resolution. Glucose: 120

PMH:
DM 2, hypertension, hyperlipidemia

Meds:
Losartan 50
Atorvastatin 20
Metformin 1000 x2
Olargutan 1 daily
Epiglobosin 10 mg once daily
Alprazolam 0.4 g as need
Metazolol 10 mg daily
Vlta D Vitc Biotin

Fam Hx:
Father: Complic of MM 70s
Mother: Hashimoto DM2

Soc Hx:
No smoke, no drug
4 cups of coffee
Pennsylvania, travel often
Real estate, Plays soccer weekend

Health-Related Behaviors:

Allergies: none

Vitals: T: 96.8 HR: 80 BP: 142/85 RR: 12 SpO₂: 99 BMI: 27

Exam:
Gen: No acute distress, no ill appearance
HEENT: No proptosis, normal thyroid, no thrills or bruises
CV: RR no murmurs,
Pulm: CATB normal
Abd: Soft non tender
Neuro: Normal reflexes no tremor in hands, no anxious or depressed appearing
Extremities/Skin: No edema

Notable Labs & Imaging:
Hematology:
WBC:7.2 Hgb: 14.7 Plt: 3.02
Chemistry:
Na: 142 K: 4.2 Cl:1.01 CO2: 28 BUN: 10 Cr: 0.7 glucose: 98 Ca: 9.9 AST: 22 ALT: 18 Alk-P: 68 T. Bili: 0.2 Albumin:4.1 Total Protein: 0.9 Trop: negative A1C 6.3% TSH 0.07 (low)
Urine: benzo
Urine spectrometry: 1.05 negative
No biotin during hospital stay, day 2: Normal TSH
Urine metanephrine:10 x upper limit
Imaging:
EKG: Left ventricular hypertrophy, normal sinus, no unusual waves
CXR: Normal
CT scan 2 day: 3.8 cm heterogeneous and cystic adrenal mass
Telemetry overnight: Normal

Dx: Pheochromocytoma. Patient treated with alfa beta Blockers and surgery

Problem Representation:
47 M p/w palpitations, lightheadedness and anxiety. 2 days ago dx with hyperthyroidism and treated with metazolol. Patient after 2 days without biotin had normal TSH. CT revealed heterogenous cystic adrenal mass. Dx: Pheochromocytoma.

- Teaching Points (Sukriti):**
- Episodic Palpitations: Paroxysmal arrhythmias (Afib, Flutter, pre-excitation syndrome), thyroid disease, pheochromocytoma, Panic attack
 - CRP: In patients with underlying structural heart disease, supraventricular arrhythmias can present without hemodynamic instability
 - Weight loss - increased metabolic activity, increased catabolism, decreased PO intake
 - CRP: Biotin use can result in falsely elevated levels of T3, T4 and falsely low levels of TSH
 - Increased red cell mass - testosterone, steroid, primary BM pathology (Polycythemia Vera)
 - Palpitation + Normal sinus rhythm = Thyrotoxicosis, atrial ectopic foci (quick step up in rate), pheochromocytoma
 - Absence of adrenal mass: Pheochromocytoma less likely -- Symptomatic pheochromocytomas > 4 cm in size, but also consider 10% of extra-adrenal pheo
 - Yin and yang bias: To review data to see if you missed anything
 - Medullary tumors like pheos are high density, hypervascular vs adrenal cortical tumors that are usually low density on CAT scans
 - Episodic symptomatic pheos: large tumors with metanephrines 5x upper limit