8/26/20 Morning Report with @CPSolvers

Case Presenter: Sonia Silinsky Krupnikova Case Discussants: Anna Symmes (@agraviersymmes) and TJ La, Jr. (@tonjalr)

CC: Fever
HPI: 55 M admitted under non medicine service. Came in for peripheral arterial graft occlusion. Evaluated with imagining graft intact. He spiked a fever and vitals declined. Medicine team consulted. Leg pain,, worsening pain in toe in couple of days. Big Toe in pain only with some erythema, no paresthesia 8/10 no radiate, persistently, no worsening, medication somewhat helpful.
CBC, Chem unremarkable except Cr 1.5
Urinalysis: 2+ protein
US and CT: patency of graft
Chest x ray: normal

PMH:
Unprovoked DVT many years ago
Unprovoked PE
PAD with arterial graft
NSTEMI
Hiperlipidemia
CKD several months before: AKI in dialysis range: Lupus nefritis
Meds: Aspirin, statin, DOAC, plaquenil, mycophenolate, enzet?

Fam Hx: None
Soc Hx:
Monogamous with single partner
Health-Related Behaviors:Never smoke, don't Etoh use, no drug, no IV drug
Allergies: None

Vitals: **T**: 38.9 **HR**: 115 **BP**: 120/80 **RR**: 16 **SpO_2**: 96%
Exam:
Gen: Very comfortable,
CV: Regular tachycardia, no rubs, 2+ upper and lower extremities
Pulm: Normal
Abd: Normal
Neuro: Normal
Extremities/Skin: No edema. Skin of toe dark brown hyperpigmented macule in plantar aspect in toe and extension in interdigital area. No other hyperpigmentation, no subcutaneous nodules. No excoriation, no rash anywhere else

Notable Labs & Imaging:
Hematology: Normal Hgb: Plt:
Chemistry: Normal
ESR, CRP: elevated
ANA (Immunofluorescence): negative
Cultures: negative

Imaging:
TTE: tricuspid vegetation
Biopsy of toe: thrombus without inflamed blood vessel
FINAL DX: Limbman Sacks endocarditis
Toe amputated and treated with anticoagulation

Problem Representation:
Acute toe ischemia w/ background of recurrent venous thromboembolism> unleash schema (brilliant). Patient dx with Limbman Sack endocarditis treated with amputation of toe and anticoagulation treatment

Teaching Points (RR):
- Vitals confirm inflammation, and skin is localizing feature
- The power of the crowd is evident in group thinking
- Prioritize the problems; worried about the toe dying. Terminology is important > the acuity and pain suggests necrosis. A dying toe is at risk for infection.
- Black, blue, or ischemic limb: venous (phlegmasia cerulea or alba dolens) vs arterial, let's discuss artery given acuity of onset, in situ thrombosis, spasm, or embolization anywhere proximal to level of ischemia (heart to area proximal to embolization), for example, endocarditis leading to clot, PAD and in situ thrombosis or embolization, or graft clot that then dislodged
- Lack of murmur does not rule out endocarditis (all depends on the examiner's skills and ability to hear)
- SLE prompts consideration of APLS (at risk of both venous and arterial clots), which is one of few conditions in which DOAC has been studied but are INFERIOR to coumadin
- Vegetation and its consequences based on right vs left (though can always have a PFO) > right side think emboli to the lungs, left side think emboli to arterial system (brain, limbs)
- **Limbman Sacks Endocarditis** (LSE) from SLE; SLE think clots, infection, autoimmune flare, drug toxicity