



# 9/28/20 Morning Report with @CPSolvers



Case Presenter: Michal Klepadlo (@MichalKlepadlo) Case Discussants: Han Nguyen (@Flower\_freeland) and Megan McGrath

**CC:** AMS and weakness  
**HPI:** 35F generalized weakness and skin sores 3 mo ago: Hospitalized AMS, AKI(Increase Cr), alcoholic hepatitis, pneumonia -> intubation and hemodialysis  
1 mo ago: Rehospitalized AKI, pneumonia and sepsis  
Today: AMS, generalized weakness during day, pain bilaterally

**PMH:**  
Recurrent torsades  
HFpEF  
Alcohol use disorder  
DM2  
Obesity: BMI 51  
Asthma  
Depression  
Hypothyroidism  
PCS  
**Meds:**  
Bupropion  
Citalopram  
Furosemide  
Gabapentin  
Levothyroxine  
Metformin  
Spironolactone

**Fam Hx:**  
Mother: alcohol use disorder  
Father: Hyperlipidemia  
**Soc Hx:**  
Alcohol use disorder (12 shots day) decreased until 1st hospitalization  
**Health-Related Behaviors:**  
**Allergies:**  
Metoprolol  
Tape  
Aspirin

**Vitals:** T: 36 HR: 110(pulse) BP: 100/60 RR:28 SpO<sub>2</sub>: 96 on room air  
**Exam:**  
**Gen:** obese, confused  
**HEENT:** normal, moist mucosa  
**CV:** normal sounds, tachycardia  
**Pulm:** tachypnea, clear auscultation bilateral  
**Neuro:** oriented only to herself  
**Extremities/Skin:** soft tissue lesions abdomen 20cm, no edema, multiple areas of violaceous skin lesions and hard induration deep to the lesion in left and right thigh , abdomen. Black schar. Lesions painful

**Notable Labs & Imaging:**  
**Hematology:**  
WBC: 20 left shift Hgb: 8.6 Plt: 394  
**Chemistry:**  
Na: 131 K: 4.3 Cl: 93 CO2: 19 BUN: 46 Cr:3.9 glucose: 183  
Ca: 8.6 corrected Phos: 8.7 Mag:2.3 Prot 8.7  
AST: 56 ALT: 33 Alk-P: 170 T. Bili: Albumin: 1.9  
**Imaging:**  
EKG: prolonged QTc 542ms  
CT patchy areas of consolidations (superimposed pneumonia)  
Bx: Epidermal necrosis, thrombotic vasculopathy, focal calcification medium vessel, infiltrate lymphocytes and neutrophils Fungal organism -  
**Cultures:** Pseudomona and gram + bacillus  
**Final Dx:** Calciphylaxis

**Problem Representation:** 35F with PMH of type-2 diabetes, CVD, previous hospitalizations and polypharmacy presents to ED with AMS and weakness. On exam multiple violaceous and painful lesions where found. Bx shows focal calcification in medium size vessels. **Final Dx: Calciphylaxis**

**Teaching Points (Andrea):**

- Alcoholic hepatitis: inflammation in the liver that can range from mild-to-severe, and often presents acutely in someone with history of chronic liver disease
- AKI: pre renal, renal, post renal. How often when an organ is dysfunctional the problem is there? Majority of the time is pre renal
- Waxing and waning encephalopathy: helps more for differential
- Skin lesions: drug, metabolic, infection
- Torsades de pointes: Lidocaine, LIDO Lytes, ischemia, drugs, other
- CREGMED: App shows evidence about medication. IE. Prolong of QT like zofran
- Violaceous lesion: Vascular rash, angiomatosis, kaposi sarcoma
- Indurated lesions: panniculitis : tender inflammation of fat.
- Mimic pneumonia: Fungi, heart failure, Granulomatosis with polyangiitis, sarcoidosis,
- Calciphylaxis (also called calcific uremic arteriolopathy) is a rare condition that occurs due to calcification of small vessels in the skin or subcutaneous tissue that can lead to vascular obstruction and ischemia or infarction of the tissue. Most commonly seen in individuals with renal failure, and there may be associated disturbances in calcium and phosphate metabolism. Calciphylaxis is associated with a high rate of mortality. Treatment: sodium thiosulfate, vitamin K or bisphosphonates
- DM2 (predisposed to infection) Calciphylaxis: pyoderma gangrenosum
- Small-vessel vasculitides: Wegener granulomatosis, Churg-Strauss' syndrome, microscopic polyangiitis, Henoch-Schönlein purpura, and essential cryoglobulinemic vasculitis.