10/26/20 Morning Report with @CPSolvers

Case Presenter:*Ann Marie Kumfer (@AnnKumfer)* ***Case Discussants***: *Siddharth Agarwal (@Sid_Agarwal_96) and Anna Briker (@AnnaBriker)*

CC: Fever and vomiting

HPI: 35F fever nausea and vomiting
3w ago: Pre-Covid. 100F degrees, diffuse aching. Symptoms improved with Advil
1w ago: 101-102F daily, frontal headache nasal congestion w/ blood-tinged mucus
PCP: Labs normal. Started Amoxi-Clav for sinus infection. Took all meds
5d: Nausea 4 / daily diffuse abd pain, fever + yellow emesis.
ED: Vomit 8 times. Mild pharyngitis, no night sweat. No SOB, myalgias, artralgias. No diarrhea.

PMH:

Meds:
Amoxi-Clav
Duloxetine
Ibuprofen
PRN

Fam Hx:

Soc Hx: sexually active 1 partner. Lives w/a dog an a cat.

Health-Related Behaviors:
No alcohol, tobacco

Vitals: **T**: afebrile 98.9F **HR**: **BP**: 130/65 **RR**: 18 **SpO_2**: 97 RA
Exam:
HEENT: Tonsils erythema, red, white lesions,, mucous membranes dry. Oropharyngeal exudate could be scrapped off. No lymphadenopathy cervical/axillary. TM clear. boggy turbinates b/l, no maxillary or frontal TTP
CV: Tachycardic, RR
Pulm: Clear to auscultation bilaterally
Abd: Soft, non tender, no murphy no hepatosplenomegaly
Extremities/Skin: Face w/ erythematous rash on both cheeks that involves nasolabial folds

Notable Labs & Imaging:
Hematology:
WBC: 6.1 (57%N, 21% L w/smudge cells) Hb 10.5 MCV 75 Plt: 121

Chemistry:
Na: 140 K: 3 Cl: 104 CO2: 22 AG 14 BUN: 10 Cr: 0.6 glucose: Ca:
Phos: Mag:
AST: 57 ALT: 39 Alk-P: 142 T. Bili: 0.8 Albumin: 2.9 TP 6
UA: SG 1.025 Alb 1 RBC 3-20 not reviewed under microscope.
Influenza, Monospot negative. Ferritin 200
Negative: HIV, strep, mycoplasma, resp viral panel, monospot

Imaging:
CXR: Mild interstitial, diffuse infiltrate.
CT abd, pelvis: nl
CMV IgM elevated
Final Dx: Mononucleosis secondary to CMV infection

Problem Representation: 35F w/3 subacute low grade fever and cold symptoms with later GI symptoms. On exam tachycardia, pharyngitis and facial rash. Labs showed smudge cells and bicitopenia. IgM was positive for CMV. Final diagnosis mononucleosis 2ry to CMV

Teaching Points (Maria):

- **How to approach various non specific symptoms?**
  - No miss diagnosis: check red flags.
  - Stay w/ big buckets: Fever: I-MADE.
  - Single system vs Generalized Disease. Generalized: immunosuppression, vasculitis, autoimmune, infectious.
- **Infectious Pearls:**
  - Pharyngitis: Infectious: Viral: CMV, EBV. Bacterial: Strep, Non Strep (Lemierre sx). Non infectious: immunosuppression.
  - W/ very long infections try to answer - why?
    - Host factors: Immunosuppression, exposure
    - Bug factors: Resistance pattern, course of disease.
  - Do proper testing! HIV antibodies not appropriate for HIV acute sx. Strep antigen does not rule GAS. Monospot is not EBV specific.
- **Heme Pearls:**
  - Smudge cells: atypical lymphocytes. Fragile lymphocytes - always double check. Reactive viral processes EBV, CMV or malignancy (CLL - lymphocytosis)
  - Iron deficiency anemia - expect thrombocytosis.
  - Bicitopenia: beware of bone marrow.
- **CMV - Mono**
  - Different EBV-Mono: prolonged symptoms even if immunocompetent. More mild pharyngitis.
  - Why Dx? Caution for women child bearing age. Do not overwork a patient.
  - Pharyngitis + altered ALT/AST: Infectious mono.