



12/17/20 Morning Report with @CPSolvers



Case Presenter: Simone Vais (@SimoneVais) Case Discussants: Mohamed Elashwal (@melashwal97) and Thiago Mendes (@mendesthiagob)

<p>CC: Altered mental status</p> <p>HPI: 50M experiencing homelessness, HIV positive and Abdominal pain and nausea. Last 2 weeks, confused and slurred speech, sister found him with altered gait so she brought him to ED.</p> <p>ROS: Cough several months diarrhea, weight loss</p>	<p>Vitals: T: 100F HR: 110 BP 109/68 RR: SpO₂: nl</p> <p>Exam:</p> <p>Gen: Frail, somnolence.</p> <p>Abd: unremarkable</p> <p>Neuro: Oriented time and self, not location. Confused recent events, CN, motor and sensory nl</p>	<p>Problem Representation: Patient w/ HIV and a low CD4 count, p/w abdominal pain and AMS. He had hyponatremia, severe anemia and bone marrow showed hemophagocytosis. Final Dx HLH</p>
<p>PMH: HIV, (CD4 67 1 month prior), No history of opportunist infc</p> <p>Meds:</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 4.2 (lymphocytopenia) Hb 8.8 MCV 95 Plt: 274</p> <p>Chemistry: Na: 117 Ca: 6.8 K:4.1 Cl: 82 CO2: 24 BUN:17 Cr: 0.56 glucose: 110 Ca: Phos: Mag: AST: 314 ALT: 133 Alk-P: 431 T. Bili: 0.9 Albumin: 3.3 UA: 1+ protein, Blood 2+ (6-10 RBC), no nitrites. Na 69 K 29 Osm 429 Hb decreased to 6.6, 36 reticulocyte cell count, ldh (elevated), haptoglobin 275, Ferritin 57000 Cortisol 8.9 , ACTh 2.3 Aldosterone 5.4 TC 224 HLD 16 Tg 652 7498 Hep A B C negative, CMV, EBV, Toxo, coxy, cripto neg. CSF: clear and colorless not eleva pressure, neg gram stain. Moderate NN anemia, leucopenia. Bone marrow: hemophagocytosis. No blasts, Increased storage iron. No B cell T cell plasma cell population AFB blood culture negative, AFB in CSF negative, urine histo neg</p> <p>Imaging: CXR, TTE: Normal CT abdomen: Liver and spleen nl retroperitoneal lymph node</p> <p>Lymph nodes consistent with HIV, patient left hospital. Final Dx HLH</p>	<p>Teaching Points (Rafa):</p> <ul style="list-style-type: none"> ● APPROACHING PATIENT WITH HIV WITH AMS + SLURRED SPEECH + ALTERED GAIT + COUGH + DIARRHEA + WEIGHT LOSS <ul style="list-style-type: none"> - AMS - neurological complain (but is it neuro the root cause?) - you need localization and time course! - Vascular (stroke, vasculitis), infection (HIV dementia, opportunistic infections), trauma, autoimmune (encephalopathies), allergic, metabolic (alcohol abuse could explain the altered gait), iatrogenic, neoplasma, social hx, congenital (less likely d/t age), degenerative disease (dementia), endocrinopathy. ● CD4= 67 - antimicrobial prophylaxis is needed! <ul style="list-style-type: none"> - Progressive impairment of cell-mediated immune response! - CD4<200 - increased risk of infection, especially Pneumocystis jirovecii / CD4<100 - toxoplasma / CD4<50- MAC comp. ● AST > ALT : Common in alcohol abuse (toAST) ● HYPONATREMIA <ul style="list-style-type: none"> - Could explain the AMS - many causes (ask for serum osmolarity, urinary Na.): etiology is important because it changes your treatment and prognosis! SIADH (urine concentration > serum and urine Na is high) - many causes like paraneoplastic (small cell carcinoma), drugs (carbamazepine), trauma, infection (pneumonia) ● RETROPERITONEAL LYMPH NODE <ul style="list-style-type: none"> - Lymphoma? (some related to HIV d/t immune dysregulation) Infection? (also more likely d/t HIV) ● HEMOPHAGOCYtic LYMPHOHISTIOCYTOSIS <ul style="list-style-type: none"> - Systemic overactivation of macrophages and cytotoxic T-cells - inherited or 2 to infection (eg, EBV, TB), malignancy - bone marrow showing macrophages phagocytosing marrow elements - big elevated ferritin levels! - PE: fever, pancytopenia and hepatosplenomegaly
	<p>Fam Hx:</p> <p>Soc Hx: Homelessness</p> <p>Health-Related Behaviors: Smokes 1 pack/day, <u>NO</u> alcohol consumption, sexually active</p> <p>Allergies:</p>	