



Case Presenter: Lizeth Lira (@nLizeth28) + CPSolvers Classroom

<p>CC: Fever/Fiebre/Febre/Bukhar and Abdominal pain/ Dolor abdominal/ pet me dard</p> <p>HPI: 8 yr old boy previously healthy p/w 5 days of fever and 24 hr of abdominal pain. He complains of feeling nauseous.</p> <p>No history of diarrhea.</p>	<p>Vitals: T: 39.3 C HR: 137 (N: 60- 115) BP: 113/81 RR: 47 (N: 18-30) SpO₂:</p> <p>Exam:</p> <p>Gen:</p> <p>HEENT: Pale, no conjunctival. icterus, No LAD</p> <p>CV: Normal</p> <p>Pulm: Normal</p> <p>Abd: Distended, Pain on Right--No Rebound Tenderness/Signo de Rebote; splenomegaly, hepatomegaly</p> <p>Neuro:</p> <p>Extremities/Skin:</p>	<p>Problem Representation:</p> <p>ENG: 8 year old previously healthy boy p/w recent inflammatory abdominal pain, splenomegaly and pancytopenia.</p> <p>ESP: Niño de 8 años con historia familiar de LES presenta con fiebre de 5 días, dolor abdominal agudo, pancitopenia y esplenomegalia. (Dhruv)</p> <p>POR: Menino, 8 anos, previamente hígido, com história familiar de LES, apresenta-se com febre há 5 dias, dor abdominal e náuseas há 1 dia (Marcela)</p>	
<p>Past Medical History: No history of chronic disease, vaccination complete, no surgeries</p> <p>Meds: None</p>	<p>Family History: Mother - SLE</p> <p>Social History: Nothing significant</p> <p>Health Related Behaviours : Nothing significant</p> <p>Allergies: No known allergies</p>	<p>Notable Labs & Imaging:CRP: elevated Ferritin:Normal Liver enzymes:Normal</p> <p>Hematology: WBC: 1400 (N 900) Hgb: 7.2 Plt: 64 HCT 33.3%</p> <p>Chemistry: Albumin: 3.2 PBS: Not suggestive of pathology HIV, infectious panel: negative Cultures: Negative Leishmania PCR: Positive</p> <p>Dx: Leishmaniasis</p>	<p>Teaching Points (Rafa):</p> <ul style="list-style-type: none"> ● APPROACHING FEVER + DIFFUSE ABDOMINAL PAIN Fever: <u>IMADE</u> - infection, malignancy, autoimmune, dugs, endocrinopathy <u>Abdominal pain</u> Acute - GU (cystitis) GI (enterocolitis, diverticulitis) , GYN (PID) / Non-infectious: IBD flare, vasculitis, abdominal migraine / Chronic - infection , autoimmune, cancer ● SLE - autoimmune disease - “no home” - ANA+ - skin (rash), hematology (pancytopenia), kidneys (nephritic / nephrotic syndrome), neuro (psychosis) <u>Drug-induced SLE</u>- procainamide, isoniazid, hydralazine - anti-histone abs <u>Pearl:</u> In anti-SSA + pregnant woman - increased risk for neonatal lupus w/ congenital heart block + transaminitis + cytopenias at birth ● SPLENOMEGALY - most common cause: water accumulation d/t cirrhosis but think about other causes as well like infection (malaria), lysosomal storage disease (Gaucher, Niemann-Pick), genetic causes (thalassemia) ● PANCYTOPENIA - check reticulocyte count - if low, think of bone marrow failure <u>Pancytopenia + neuro</u> - LES, Gaucher <u>Environment</u> - ethanol, MTX, B12, panhypopituitarism <u>Stem cell</u> - aplastic anemia (HIV, radiation), AML <u>Loss</u>- splenomegaly, tick, CLL, SLE <u>Myelophthisis</u> - malignancy, granuloma, histiocytes, fibrosis ● VISCERAL LEISHMANIASIS : Transmitted by sandflies! Fever + weight loss + massive hepatosplenomegaly + pancytopenia + hypoalbuminemia + hypergammaglobulinemia Pearl: hyperactivation of B-cells - polyclonal hypergammaglobulinemia - albumin / globulin ratio can become inverted