

<p>CC: Weight loss/ Perda de peso / Perdida de peso</p> <p>HPI: 40M p/w weight loss. 1 year ago -- 15Kg weight loss (baseline 80) Disseminated papules over skin, low grade fever some days during the week, chest pain while breathing, cough, dyspnea w/ exertion. Dx hypothyroidism, Tx but no improvement of Sx -- fatigue, generalised weakness, pain w/ swallowing</p>	<p>Vitals: T: 36.8 HR: 82 BP: 90/60 RR: 21 SpO2: 93% RA</p> <p>Exam: Gen:Pale, no icterus, enlarged post, ant, axillary LAD HEENT: CV: Normal Pulm: Vesicular BS decreased, diffuse rhonchi Abd: Hepatomegaly 3 cm below R costal margin, splenomegaly Neuro: normal Extremities/Skin: Erythematous papular regions, crusts, excoriation legs arms and chest Genital exam: Palpable painful nodule in R testicle</p>	<p>Problem Representation: Spanish: hombre de 40 años que presenta pérdida de peso significativa en el último año, asociado a lesiones dérmicas y dolor torácico, con hepatoesplenomegalia, lesión testicular y linfadenopatía evidenciados en el examen físico. English: 40 yo male presenting with chronic inflammatory syndrome with pulmonary focus and skin manifestations, found to be HIV positive Portuguese: homem de 40 anos se apresenta com perda de peso significativa no último ano, associada a lesões de pele e dor torácica, com hepatoesplenomegalia, lesão testicular e linfadenopatía evidenciados no exame físico, e HIV positivo.</p>
<p>PMH: none</p> <p>Fam Hx: none</p> <p>Soc Hx: 2 dogs, chickens</p> <p>Meds: Levothyroxin e 50mcg</p> <p>Health-Related Behaviors: Unprotected sexual activity w/ wife, consumption of beer on weekends</p> <p>Allergies: No known allergies</p>	<p>Notable Labs & Imaging: Hematology: WBC: 4500 (77% N, 30% L, 9% M, 1% B) Hgb: 11.2 HCT 32.5 MCV 86.9 Plt: 180 Chemistry: Na:137 K: 3.93 BUN: 33 Cr: 1.70 AST: 40.5 ALT: 33.5 Alk-P:195 GGT 162 T. Bili:0.44 (D 0.29 ID 0.15) Ferritin 2868 LDH 294 TSH 1.42 ; T4 1.21 CRP: 3.57 Imaging: CXR: Cavitory lesion in R apical lung CT: Mediastinal LAD, cavitory lesion R lung, splenomegaly w/ nodules, accessory spleen, densification of mesentery fat USG: hyperechogenic w/ hyper-vascularisation HIV + VDRL -ve Hep B/C serology -ve IgG toxo, CMV +ve, crypto -ve Skin scraping -ve AFB -ve; BM biopsy: suggestive of Histoplasmosis and cryptococcus neoformans</p>	<p>Teaching Points (gabifpucci):</p> <ul style="list-style-type: none"> ● APPROACH TO WEIGHT LOSS: <ul style="list-style-type: none"> - Pathologic X not pathologic (e.g. Is the person trying to lose weight?) - Intentional /Unintentional - Noninflammatory (decreased intake or malabsorption) X Inflammatory (cancer, autoimmune, infection) - Also: chronic disease, endocrinopathy, medications ● Pearl in hypothyroidism treatment: if you treat someone for hypothyroidism and the person gets worse: think about adrenal insufficiency ● Chronic inflammation + disseminated papules: molluscum (HIV) / cryptococcus disease? ● APPROACH TO SPLENOMEGALY + LYMPHADENOPATHY: lymphoma and leukemia (not solid tumors), infections (mono-like = acute, and granulomatous diseases = chronic), autoimmune (3Ss = Sarcoidosis, SLE, Stills) ● Cavitory lesion -> granulomatous disease (e.g. reactivation of TB affecting the upper lobe), parasitic infections, lung abscesses ● Paracoccidioidomycosis: South America, presents with disseminated lymphadenopathy, hepatosplenomegaly, skin manifestations, weight loss, associated with pulmonary manifestations. Dx: KOH w/ mariners wheel.