05/19/21 Morning Report with @CPSolvers

***Case Presenter**: Rafa (@rafameed) **Case Discussants**: Gabriel Talledo (@gabrieltalledop) and Joanne Hsu*

CC: 48 year F with rapidly proggressive ulcers on her hands

HPI: Pt notes the painful ulcers on both hands, 12 days ago she noted a rash b/t her fingers. The rash became open the following day. Fever to 101 F that resolved with APAP. ALso she noted diaphoresis. Seen in the ER and dx with a spider bite, given clinda. The rash did not improve with abx. 8 days after she noted a papular rash to left index finger at PIP that become red and then ulcerative. She notes a few months of MCP, PIP, DIP joints of both hands. She notes 10lb weight loss over the last three weeks.

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PMH: Chronic sinusitis, DJD of the spine

Meds: APAP prn

Fam Hx:

Soc Hx: She lives with grandkids in central valley of Ca. Has a kitten at home. Does yard and garden work

Health-Related Behaviors: Denies smoking and drugs. Occasional ETOH

Allergies: None

Vitals: **T**: **36.9 C** **HR**: **62** **BP**: **120/75** **RR**: 18 **SpO_2**:99%
Exam:
Gen: Non toxic appearing, older than stated age
HEENT: Nml
CV: Nml
Pulm: Nml
Abd: Nml
Neuro: Nml
Extremities/Skin:
Right Hand: Swelling of the dorsal surface of the right hand. Tenderness to palpation of 2nd-4th MCP joints without erythema or swelling No streaking tracking up wrist or arm. An open ulceration with friable tissue between thumb and index finger.
Left hand: Td to palpation of the 1st to 3rd MCP w/o erythema or swelling. No streaking up wrist or arm. No other joint abnormalities. Open ulceration over 2nd PIP joint.

Notable Labs & Imaging:
Hematology:
WBC: 6.1, **Hgb**: 10.1, **HCT:** 31.3, **MCV** 92.4, **Plt**: 518

Chemistry: NML
AST: 24, **ALT:** 26, **Alk-P:** 126, **T. Bili:** 0.6, **TP**: 7
Iron Total: 25 N, **TIBC:** 311 N, **Ferritin:** 130
HIV: Neg
Blood cultures: Neg
ESR: 39 **CRP:** 4.8
ANA: Neg **RF:** Neg
Serum Immunofixation: Nml
Anti Hep C: Positive: Viral load 1 million
Skin Biopsy: Dense dermoneutrophil infiltrates, marked papillary dermal edema. Dx: Neutrophilic Dermatosis AKA Sweet's Syndrome

Problem Representation: 48F w/chronic sinusitis and cervical spine DJD p/w acute rapidly progressive dorsal hand ulcers, arthritis/synovitis, fevers.

Teaching Points (Rafa):

- **RAPIDLY PROGGRESSIVE ULCERS**
  Autoimmune diseases (dermatomyositis, rheumatoid arthritis, IBD, SLE), infections (syphilis, herpes), primary dermatologic disease (pemphigus), metabolic causes (PCT)
  Lower extremity ulcers - venous stasis / venous hypertension / arterial insufficiency / diabetes neuropathy
- **SPOROTRICHOSIS**
  Related to gardening - spores introduced into the skin typically by a thorn - local pustule or ulcer w/ nodules along draining lymphatics
- **COCCIDIOIDOMYCOSIS**
  Skin manifestations + systemic symptoms - seen in California
  Can disseminate to the skin / bones - erythema nodosum or multiforme - could cause arthralgias (desert rheumatism)
  Peal: cannot be transmitted person-to-person unlike TB
- **CUTANEOUS LEISHMANIASIS**
  Viscerous/ cutaneous/ mucocutaneous.
  Most common form - transmitted by the sandflies
- **GPA**
  ANCA-associated vasculitis - multi system involvement - including the upper respiratory tract (chronic sinusitis, otitis media, mastoiditis, perforation of nasal septum) and the skin
- **ANEMIA OF CHRONIC DISEASE**
  Increased ferritin with low transferrin saturation
  Can be seen with autoimmune diseases / cancer / infections
- **HEPATITIS C -** skin manifestations: cryoglobulinemia (palpable purpura, weakness, arthralgia), lichen planus, PCT, cutaneous necrotizing vasculitis, neutrophilic dermatosis