



06/03/21 Morning Report with @CPSolvers



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CC: fever.

HPI: 23-year-old male with the following history:
 - 3 days ago: fever and chills, malaise, myalgia and severe headache.
 - 2 days ago: abdominal pain, nausea, vomiting, and worsening of the headache
 - Today: sudden amaurosis in one eye.
 - In the ED showed spontaneous partial improvement of the vision, but maintains fever, myalgia, abdominal pain, nausea and sweating.

PMH: none

Fam Hx: none

Meds: none

Soc Hx: Brazil (Minas Gerais)

Health-Related Behaviors:
 Unprotected sexual activity
 Exposure to cats and dogs
 Uncertain exposure to rats

Allergies: none

Vitals: T: febrile HR: 103 BP: 124x70 RR: 22 SpO₂: 93 r.a.

Exam:
Gen: mild icteric, dehydrated, no pallor, normal conjunctive
HEENT: normal
CV: normal
Pulm: normal
Abd: diffuse tenderness to palpation in the RUQ + hepatomegaly 2cm under the right costal margin, no splenomegaly.
Extremities/Skin: purpuric lesions painful on palpation in the extremities (hands, feet and nose)
Funduscopy: bilateral signs of vasculitis and discrete points of local bleeding.

Notable Labs & Imaging:

Hematology:
 - WBC: 7.3k (Bands neutrophils 60%, 23% Neutrophils, 10% Lymphocytes, 7% Monocytes) Hgb: 13.5 Ht 37.8 MCV 85.5 Plt 91k

Chemistry:
 - Na: 140 K: 3,7 BUN 14.8 Cr: 1,07 AST: 113 ALT: 144 Alk-P: 142 T. Bili: 5.19 Indirect: 0.65 Direct: 4.54 GGT 421 Amylase 26 Lipase 30 CRP>35
 - Urinalysis: orange colored, mild leucocyturia, macroscopic hematuria, no other changes
 - **Serologies:** HIV neg, hepatitis B negative, EBV negative

Imaging:
 - **Brain MRI:** small focus of intraparenchymal hemorrhage in the portion of the precentral gyrus of the left frontal lobe, associated with signs of subarachnoid hemorrhage in the high frontoparietal convexity, specially in the left
 - **Blood cultures:** positive for Staph aureus
 - **Echo:** vegetation in mitral valve

Final diagnosis: Endocarditis

Problem Representation: 23M p/w acute fever, myalgia, malaise and headache, followed by amaurosis. On physical exam he was found to be icteric, and had hepatomegaly and purpuric lesions in the extremities.

Teaching Points (Rafa):

- **FEVER IN YOUNG M PATIENT + VISUAL ABNORMALITIES IN ONE EYE**
Fever: IMADE - infection, malignancy, autoimmunity, drugs, and endocrinopathy
 4 key questions: Who (immune status)? What (clinical syndrome)? Where (epidemiological factors)? When (time course)?
Amaurosis: transient vision loss
 Monocular: disorder anterior to the optic chiasm - ocular disease, ischemia, ipsilateral carotid artery disease
 Binocular: damage to the optic chiasm, tracts, radiation, or the visual cortex
- **HEPATOMEGALY + RUQ TENDERNESS + JAUNDICE**
Rule out emergencies: cholangitis + ALF + hemolysis (MAHA)
Unconjugated:
 Overproduction (hemolytic anemia) / defective conjugation (Gilbert / Crigler-Najjar syndrome) / HF, drugs
Conjugated:
 Abdominal US - bile ductal dilation?
 Intrahepatic: cirrhosis, hepatitis, infiltrative diseases
 Extrahepatic: luminal - stone, parasites / stricture: cancer, autoimmune / external - pancreatic cancer
- **WHY NOT VASCULITIS?**
 Acute process in this case
 None cause thrombocytopenia - they lead to thrombocytosis (reactive)
- **FEVER + JAUNDICE**
 Malaria, leptospirosis,, Bartonella, Dengue, Zika, Chikungunya, Hantavirus, Yellow fever
- **ENDOCARDITIS:**inflammation of the endocardium that lines the surface of the cardiac valves - usually d/t bacterial infection / non-bacterial thrombotic endocarditis - sterile vegetations a/w hypercoagulable disorders