



# 06/18/21 Morning Report with @CPSolvers



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<p><b>CC:</b> Dyspnea and lower extremity edema</p> <p><b>HPI:</b> 62F presented with facial and lower extremity edema from 1 month ago. Anorexia, profound malaise and fatigue. Denies weight loss, abdominal symptoms, dizziness.</p>		<p><b>Vitals:</b> T:afebrile HR:78 BP:104/72 RR:24 SpO<sub>2</sub>: 95</p> <p><b>Exam:</b></p> <p><b>Gen:</b> Well and conversational.</p> <p><b>HEENT:</b></p> <p><b>CV:</b> S1 and S2 present. Regular rhythm. High pitched holosystolic murmur at the left lower sternal border. JVD 11cm</p> <p><b>Pulm:</b> No wheezes, crackles, rhonchi</p> <p><b>Abd:</b> No rigidity, guarding. Enlarged spleen.</p> <p><b>Neuro:</b> Normal.</p> <p><b>Extremities/Skin:</b> Edema 2+ symmetric pitting b/l upto shins</p>	<p><b>Problem Representation:</b> 62F p/w a 1 month history of b/l lower extremity edema, dyspnea and profound anorexia and fatigue. She is tachypneic and exam was remarkable for a holosystolic murmur at the left sternal border, JVD and splenomegaly. She has severe anemia and lymphopenia, albumin, iron, copper, vitamin D and lipids were low.</p>
<p><b>PMH:</b> Non remarkable.</p> <p><b>Meds:</b> None</p>	<p><b>Fam Hx:</b> None</p> <p><b>Soc Hx:</b> Housewife.</p> <p><b>Health-Related Behaviors:</b> No alcohol consumption reported</p> <p><b>Allergies:</b> None</p>	<p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b> WBC: 3100 Hgb: 4.8 (MCV 56) Plt: 134 k</p> <p><b>Chemistry:</b> Alk-P: 165 Albumin: 3 TP: 6 Ferritin 3.7, Serum iron low Copper and Vitamin D were low. UA: Normal. No proteinuria or casts. Cholesterol 110 TGL 30 VLDL 6 (low) LDL 53 (low) CRP and ESR were normal. TFT, B12 HIV and HbsAg normal. Troponin, CK-MB and pro-BNP normal. Serum alpha antitrypsin levels: Elevated.</p> <p><b>Imaging:</b> Ultrasound: prominent hepatic and inferior vena cava. +2 splenomegaly. Dilated, tortuous intrahepatic, periportal and splenic collateral vessels. Echocardiography: Severe tricuspid regurgitation. CXR and Colonoscopy were normal.</p> <p><b>Final Dx:</b> Protein losing enteropathy or Secondary Intestinal lymphangiectasia due to tricuspid regurgitation.</p>	<p><b>Teaching Points (Kiara):</b></p> <ul style="list-style-type: none"> <li>● <b>Dyspnea + lower extremity edema:</b> Interrelated &gt; separate. Cardiac (+), nephrogenic, hepatic.</li> <li>● Volume overload w/o gaining weight, think about sinister causes (Inflammatory HF- cardiac cachexia).</li> <li>● New holosystolic murmur (left lower): Tricuspid regurg, VSD. Left-sided decompensated HF (lymphatics), or R-sided pathology?</li> <li>● <b>Splenomegaly:</b> <u>Water</u> in portal htn (look for stigmas), <u>molecules</u>, and <u>cells</u>. <ul style="list-style-type: none"> <li>- RBC: Genetic (e.g., thalassemia) and infection (malaria, babesia)</li> <li>- WBC: Infection, myeloproliferative, malignancy, autoimmune, drugs.</li> </ul> </li> <li>● <b>HF + splenomegaly:</b> Cardiac cirrhosis, high output HF (anemia), infiltration (amiloidosis, sarcoid), endocarditis (spleen infarct), malignancy (lymphoma).</li> <li>● <b>Iron deficiency:</b> Low or fast process. According to base rate → Blood loss (GI-tumor, IBD, DAH, post menopausal). Start with stomach → H pylori, gastritis, celiac dz, parasites.</li> <li>● <b>Severe Tricuspid regurgitation w/o RV dilation:</b> Think about 1ry pathology → Ischemia, trauma-external/intravascular/carcinoid sd, vegetation-rheumatic, endocarditis. Check bilirubin, haptoglobin for Iron def anemia due to intravascular hemolysis.</li> </ul>