



# 07/14/21 Morning Report with @CPSolvers



**Case Presenter:** Kirtan Patolia (@KirtanPatolia) **Case Discussants:** Colleen McGourty (@colleenmcgourty) and Ravi Patel

**CC:** Fingertip pain and paresthesias

**HPI:** 18 year old man presented with fingertip pain. Asymptomatic 1 year ago, developed *Mycoplasma pneumoniae* pneumonia. 1 week ago developed **intermittent fevers** (99°F) and b/l distal pain. Repeated evaluation was negative for foci of infection in lung or pleura. CBC was positive for fluctuant **thrombocytopenia** (80 000) and **anemia** (10). Symptoms were worsened by cold and exposure to wind. **Ulcerations in the tip of fingers**, needed grafts. Denies finger erythema or cyanosis, edema, night sweats, SOB, diarrhea, abdominal pain or weight loss.

<b>PMH:</b> None	<b>Fam Hx:</b> None
<b>Meds:</b> None	<b>Soc Hx:</b> Denies alcohol, tobacco or drug use
	<b>Health-Related Behaviors:</b> None
	<b>Allergies:</b> None

**Vitals:** T: Afebrile **HR:**88 **BP:** 118/70 **RR:**16 **SpO<sub>2</sub>:** 99

**Exam:**  
**Gen:** Left handed.  
**HEENT:** No evidence of ulcerations or erythema. Conjunctivae were clear.  
**Extremities/Skin:** Right hand: Darkening of 2nd and 3rd digits. Gangrene in 4th digit. Skin graft in 5th digit.

**Notable Labs & Imaging:**  
**Hematology:**  
WBC: Normal. Hgb: 9 MCV 90 Retic Count Index 4% (elevated) Plt: 110

**Coagulation Studies:**  
aPTT: 110 (Did not correct with mixing studies).  
LDH 330, Haptoglobin was low. Coombs was negative x3  
Peripheral smear: No schistocytes, no agglutinated RBCs, microcytosis. Less platelets.  
CRP and ESR were normal.

**Serology:** Dengue and Chikungunya negative. HIV and Hepatitis panel neg. Syphilis test no reactive.

**Autoimmune panel:** Anticardiolipin ab, antiphospholipid ab, Smith antigen, ANCA, ANA normal. Complement normal. Anti-centromere was normal.  
Nifedipine tx did not respond and lesions progressed.  
Lupus anticoagulant positive. Dilute viper venom time: Prolonged.  
aPTT corrected on adding phospholipid. Anti beta 2 glycoprotein +.

**Final Dx: Antiphospholipid Syndrome.**

**Problem Representation:** 18yo M w/ chronic fingertip pain presents with ischemic digits following Mycoplasma infection.

**Teaching Points (Gabriel):**

- **Fingertip pain + paresthesias**
  - **+ Mycoplasma pneumoniae PMHx:**
    - Young patient + dark urine: paroxysmal cold hemoglobinuria
    - Older patient: cold autoimmune hemolytic anemia, cryo.
    - Other immune mediated: APS, vasculitis.
  - **+ Blue finger syndrome**
    - Embolic events: arteriosclerosis, arterial aneurysm, cardiac thrombi, APS, paraneoplastic
    - Vasoconstriction: LES, perniosis
    - Inflammation: Syphilis, behcet, thromboangiitis obliterans.
    - Circulation: Hyperviscosity syndrome, Myeloproliferative syndromes, Cryo
  - **+ thrombocytopenia/anemia:**
    - **Schistos** → thrombotic microangiopathies.  
**Primary:** TTP, HUS, DIC. **Secondary:** Autoimmune (APS, Scleroderma renal crisis), Infection (S.pneumoniae, HIV, Influenza), Drug-induced (chemotherapy, clopidogrel, tacrolimus), malignant hypertension.
    - **No schistos & pTT does not correct** → APS
- **Infectious agents related to APS:** HCV, EBV, PVB19, CMV, HIV, Sars-Cov-2, Syphilis, TB, malaria, Lyme, mycoplasma.