07/1/21 Morning Report with @CPSolvers

***Case Presenter**: Rafael Medina (@Rafameed) **Case Discussants**: Rabih Geha (@rabihmgeha) and Sharmin Shekarchian (@Sharminzi)*

CC: Painless lesion on right oropharynx

HPI: 45 y male presenting for HIV prophylaxis. Patient has multiple sexual partners.
ROS- Denies fever, weight loss, night sweats, genital lesions or discharge, headache, cough or dyspnea.
He then developed non pruritic rash on torso and back that started a few days prior He was seen by urgent care. Tx with steroids for allergy but rash returned. Dx by derm team as Pityriasis rosea.

PMH: Asthma, Fatty liver, GERD, Fundoplication.

Meds: Emtricitabine,-tenofovir Disoproxil fumarate

Fam Hx: Mother had cervical cancer. Father with hyperlipidemia.

Soc Hx:

Health-Related Behaviors: No smoking, no alcohol

Allergies:

Vitals: **T**:98.7 **HR**:85 **BP**:126/85 **RR**: **SpO_2**:
Exam:
Gen: Well developed and well nourished
HEENT: Irregular saggy white mass with that looks more mass-like on exam than an ulcerated appearance.. No lymphadenopathy.
CV: nl
Pulm: nl
Abd: nl
Neuro:
Extremities/Skin: Scattered dense dark brownish reddish flat densely clustered macules and patches across abdomen, chest, and back. These lesions are also present on his back but they are less dark. Absence of lesions on palms and soles.

Notable Labs & Imaging:
Hematology:
WBC:6.3 Hgb:16 Plt: 269k

Chemistry:
Na: 140 K:3.7 Cl:100 CO2:31 BUN:17 Cr:1.09 Glucose:92 Ca:
Phos: Mag:
AST: 42 ALT: 50 Alk-P:198 T. Bili: 0.9 Albumin: 5.1 TP-8.1
HIV negative
RPR- +

After receiving medications, he developed low grade fever consistent with Jarisch-Herxheimer reaction.

Final dx- Syphilis

Problem Representation: 45 year old male with painless lesion on oropharynx and reddish-brown macules on abdomen, chest, and back with labs revealing elevated Alkaline phosphatase.

Teaching Points (Vale):

- How was it identified? What about the rest of mucocutaneous surfaces? (eyes, GI, nose, skin) Who is the patient?
- **Painless lesion on oropharynx Ddx:** Infectious (HIV, Syphilis, STIs, HPV, Histoplasmosis, CMV, scabies, TB, Aspergillus, VZV), autoimmune are usually painful (Sjogren's, Behcet's, SLE), malignancies, vitamin deficiencies, drug toxicity.
- **PrEP:** 2 drugs w/ minimal toxicity and reduces risk of HIV infection. If dx w/ HIV 3 ARVs are indicated.
- **Sources of AlkP elevation:** placenta, bones, bile ducts, kidney, SI.
  - GGT confirms hepatic involvement, but doesn't rule out bone involvement.
- **Syphilis:**
  - Points against: No palm/sole involvement.
  - Points in favor: Spares the lungs and hematological system (normal CBC) -> all spirochetes + AlkP elevation (syphilitic hepatitis)
  - Syphilitic Hepatitis:
    - AlkP elevation out of proportion to AST, ALT & T. bili.
    - Manifestation of early syphilis.
    - Ddx: Hep. virus cause >1000 AST/ALT and T. Bili elevation; Anaplasma presents as thrombocytopenia and WBC; Leptospirosis causes T. Bili elevation out of proportion to other markers.