



# 08/26/21 ⚡⚡⚡ Morning Report with @CPSolvers



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**CC:** 47-year-old-M diabetic w/ low grade fevers

**HPI:**

- Sx started 2wks ago. Temp 99F
- Intermittent palpitations. Improved on presentation.
- 1 episode loose stool, sinus pressure. No syncope.
- No change in exercise tolerance.
- No sick contacts.

**PMH:** T2DM. no insulin use. Mild peripheral neuropathy

**Meds:**  
Jardiance,  
lovastatin 10 mg daily, Sitagliptin-Metformin

**Fam Hx:**

**Soc Hx:**

**Health-Related Behaviors:** Non smoker. Minimal alcohol use

**Allergies:**  
Naproxen

**Vitals:** T: 36.9C HR: 115 BP: 136/88 RR: SpO<sub>2</sub>:

**Exam:**

**Gen:** well, alert

**HEENT:** Reactive to light. No eye lesions. Thyroid not enlarged.

**CV:** Tachycardia, RR. No murmurs.

**Pulm:** CTAB

**Abd:** soft, non-tender. No lymphadenopathy.

**Neuro:**

**Extremities/Skin:** no edema

**Notable Labs & Imaging:**

**Hematology:**  
WBC: 6.7 Hgb: 16 Plt: normal  
A1C 6.3%

**Chemistry:** normal  
Na: K: Cl: CO2: BUN: Cr: glucose: 125 Ca: Phos: Mag:  
AST: ALT: Alk-P: T. Bili: Albumin:  
Electrolytes normal  
-ve COVID19

**Imaging:**  
EKG: sinus tachycardia  
CXR:  
No infx workup. TSH: <0.008 (L). T4: 8.0

**Final Dx: Thyrotoxicosis**

**Problem Representation:** 47yM w/T2DM p/w low grade fevers and sinus tachycardia with a pretty normal PE, WBC and BMP.

**Teaching Points (Maria):**

- **Fever = Inflammation** (very specific!). Other sensitive but non specific clues: high WBC, PLT, low albumin.
  - Low grade fevers mimickers: environment, hypoglycemia, hypogonadotropic hypogonadism.
  - If unsure to trust or not subjective fever: trust! Then use I-MADE mnemonic.
  - Try to find localizing features but be cautious of false-localizing ie: not all palpitations mean heart.
- **Fever ≠ Infection** but its a good place to start!
  - First pass: Base Rate Infections: Viral >>>.
  - This is Queen. Common things are always common no matter who the host is. For example MCC of pneumonia in HIV patients is still S. pneumo but with an increased risk of bacteremia.
  - Second pass: Consider Risk Factors Unique to Patients.
    - Diabetes = immunocompromise! Prioritize fungal (specially candidiasis) and bacteria (specially gram negatives and emphysematous UTI).
    - Look for signs of specific infection through PE.
- **Sinus Tachycardia:** 2S+1F.
  - Impending shock (eye on BP! Look for causes - infections, hypovolemia).
  - Sympathetic toxicity (Exogenous: cocaine, methamphetamines, serotonin syndrome, withdrawal. Eye on Meds!; Endogenous: pain and anxiety, endocrinopathies (hyperthyroidism)).
  - Fever.
- **Hyperthyroidism:** Start palpating thyroid and look at hands for tremors, consider MCC Graves' Disease and order TSI and TAB.