08/6/21 Morning Report with @CPSolvers

Case Presenter: *Rafa Medina(@Rafameed)* ***Case Discussants***: *Rabih Geha(@Rabihmgeha) and Prof Rez(@DxRxEdu)*

CC: Cough and SOB

HPI: 56F
4 years of productive cough SOB on exertion.

Within these 4 years. Pain, color changes on finger on both hands, were more bothersome during the winter or upon entering air conditioned room. Cough SOB worsen. Subcutaneous nodules in elbows.

Denies: Weight loss, tenderness, swelling, skin rash, painful red eye.

PMH: Type 2 DM, hyperlipidemia, HTN

Meds: Lisinopril, Simvastatin, Enalapril

Fam Hx: Unremarkable

Soc Hx:

Health-Related Behaviors: No recent travel, smoke, alcohol

Allergies:

Vitals: **T**: 37.6 **HR**: 81 **BP**: 112/75 **RR**: 17 **SpO_2**: 92% on room air
Exam:
Gen:
HEENT:
CV:
Pulm: Decreased air entry bilateral and crackles at basses.
Abd:
Neuro:
Extremities/Skin: Multiple SC nodule 1-2 cm, firm, painles, on the extensor surface of both elbows and over the right 3rd proximal interphalangeal joint, left 2nd PIP joint, and left 4th PIP joint nodules in elbow. No joint abnormalities, deformities or swelling

Notable Labs & Imaging:
Hematology:
WBC: 4.5 Hgb: 12.8 Plt: 296

Chemistry:
Na: 147 K: 5.5 Cl: 103 BUN: 9 Cr: 0.8 glucose: 112 Ca: 10 AST:20
ALT: 11 Alk-P:61 T. Bili: .3 Albumin: 5.4 TP 7.9
Anti Citrullinated peptide Ab 29 (0-20) RF 61 (0-13) ESR 56
Negative: ANA, ds DNA, Anti Jo, Anti Mi, Anti topoisomerase, Anti SSA/Ro, Anti SSB/La.
FPT: FVC 1.17L (65% than expected). FVC1: 70% FVC1/FVC 89.7%
Imaging:
EKG:
CXR: Basilar ground glass opacities bronchiectasis w/o evidence of honeycombing. Pleural thickening and scarring. No mediastinal lymphadenopathy.
Final Diagnosis: Connective tissue disease presented with ILD.

Problem Representation: 56 year old female with 4 year history of dyspnea, productive cough, color changes of fingers, and subcutaneous nodules

Teaching Points (Kirtan):

- **Productive cough + Dyspnea + Raynaud's -** Localization is the key. Chronic cough and dyspnea points to alveolar or interstitial involvement. *Progressive, symptomatic, chronic, and systematic* features makes secondary Raynaud's more likely.
- **Pattern Recognition -** Vascular + lung + cutaneous nodules- *CREST* syndrome, *RA, SSc, MCTD, or Overlap syndromes*. Serologies, complement levels, and BMP is crucial to narrow the differentials.
- **Nodules as pivot point-** Gout vs RA. Ensure that if nodules actually represent *simply nodules or Calcinosis cutis.* Lack of synovitis raises the suspicion for Dermatomyositis and SSc more so than RA or Gout.
- **Interpreting labs-** Negative ANA makes SLE and SSc less likely. Anti-CCP is very specific for RA. RF alone positive (Cryoglobulinemia, IE, SLE, Sarcoidosis, Malignancies).
- **Completing the puzzle**- Middle aged female with secondary *Raynaud's, characteristic nodules* (very common in RA), interstitial lung disease *(NSIP or BOOP)*, and *+anti-CCP* fits with RA.