



# 09/2/21 Morning Report with @CPSolvers



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<p><b>CC:</b> 40 yo M w foot swelling and rash.</p> <p><b>HPI:</b> Symptoms present for 1wk. Cannot fit into shoe. Painful, burning rash b/l LE. Could not walk or do his job. Saw derm then rheum. No systemic, pulmonary, cardiac Sx</p>		<p><b>Vitals:</b> normal</p> <p><b>Exam:</b></p> <p><b>Neuro:</b> Intact. No sensorimotor deficits. Strength exam pain-limited. Normal CN. 2nd visit: sensory deficit appeared, numb left foot. circumduction gait.</p> <p><b>Extremities/Skin:</b> sock left indentation. Reddish purple non-blanching non-raised rash. Macular, confluent extended up to shin and both left and right sides. Tender and warm. Rash goes entire skin. Skin biopsy inconclusive.</p>	<p><b>Problem Representation:</b> 40-year-old male presents with foot swelling and rash, associated with numbness and difficulty walking. He was found to have increased ESR and CRP and hypoalbuminemia and sensory-motor neuropathy.</p>
<p><b>PMH:</b></p> <p><b>Fam Hx:</b></p> <p><b>Meds:</b></p> <p><b>Soc Hx:</b></p> <p><b>Health-Related Behaviors:</b></p> <p><b>No smoking or alcohol use</b></p> <p><b>Allergies:</b></p>		<p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b> WBC: Hgb: Plt: Normocytosis 12. ESR CRP elevated.</p> <p><b>Chemistry:</b> non-remarkable Albumin: 2 (L) Protein high at 7 Normal UA, urine protein, Cr -ve cryo, ANCA panel</p> <p>3rd visit: ENG nerve conduction study - sensory neuro pattern neuropathy in lower extremities. Neutrophil-infiltrated blood vessels - leukocytic vasculitis. Started steroids. Cryo screen repeated: -ve. Hep B and C -ve</p> <p><b>Final Dx:</b> PAN</p>	<p><b>Teaching Points (Gabi):</b></p> <ul style="list-style-type: none"> <li>● 4 compartments of the extremities: skin/soft tissue, vascular compartment/ osteoarticular apparatus/ neuromuscular apparatus</li> <li>● Clues from this case (HPI): <ul style="list-style-type: none"> <li>○ Rash -&gt; skin disease (deep space - nodular/ulcerative)</li> <li>○ Pain while walking: osteoarticular disease (joint/bones)</li> <li>○ One extremity edema: vascular apparatus</li> </ul> </li> <li>● Clues from the physical exam: extensive -&gt; not due to compression probably. Is the patient having bleeding in the skin?</li> <li>● Causes for that: thrombocytopenia, coagulopathy, problems in the vessel integrity (e.g. too much pressure due to socks/compression devices)</li> <li>● Bleeding in the skin -&gt; look for glomerular diseases (capillaries are similar)</li> <li>● Differentiate between vasculitis <i>and</i> vasculopathy</li> <li>● Sensory deficit: loss of pain - unmyelinated fibers</li> <li>● Hypoalbuminemia: liver <i>and/or</i> kidney issues. Associated with nerve dysfunction: think about dietary deficiency (Scurvy/B1/B12)</li> <li>● Small vessel vasculitis: systemic or skin only. Systemic: normal complement: ANCA/IgA/Anti-GBM. Decreased complement.</li> </ul> <p>*Pearl: when you think about small cell vasculitis, think also in medium cell vasculitis because they can have a similar presentation*</p>