



10/21/21 Morning Report with @CPSolvers



Case Presenter: Emily Lydon Case Discussants: Chloe Cattle and Valeria Roldan (@valeroldan23)

CC: 31yoM HIV+ve admitted for enlarged neck mass.

HPI:

- 3mo prior to admission admitted for dysphagia odynophagia. Dx with HIV, CD4 count 48
- Syphilis: Received 3 penicillin shots.
- 6wks prior to admission small bump in R neck developed related to penicillin treatment for syphilis. Was painful and had limited mouth opening.
- ROS: chest pain w coughing, mild night sweats improved w ART, gained back lost wt

PMH:
Iron def anemia during last hospital stay. Alcohol and opiate use disorder.

Meds: Tenofovir
Emtricitabine
Bactrim prophylaxis.

Fam Hx:
Soc Hx: Lived in a rural area (central valley). Worked as personal trainer. Exposed to dogs and chickens. No cats, insects or ticks bite. Acquired HIV in his 20's

Vitals: T: 36.7C HR: 60 BP: 140/76 RR: 18 SpO₂: 98

Exam:
Gen: well oriented alert

HEENT: 6x6 mass in R hemineck, fluctuant, w/ erythema, and warm to touch. Normal movement of neck and mouth opening. Cracked teeth in upper R molars

CV: regular rate rhythm no murmur **Pulm:** nl

Abd: non-tender non distended

Extremities/Skin: 15-20 scattered pustules some extending over to R shoulder.

Notable Labs & Imaging:
Hematology: WBC:? Hgb: 11.0 MCV 7.8 Plt: 551

Chemistry: Na: 139 K: 4.2 Cl: 101 CO₂: 27 BUN: 16 Cr: 0.93 glucose: 109 CRP 30 LDH 178 CD4 197. Viral load detectable but <40

Blood cultures, AFB -ve

RPR testing 1/16 (previous 1/32). Gonorrhea chlamydia -ve Staph epi +ve CMV EBV -ve

Imaging:
CXR: mediastinum widened. Bilateral basilar opacities lateral neck

MRI: multiloculated ring-enhancing collections in R neck w/ edema extending to R paravertebral space and inferiorly extending into R mediastinum. Abnormal signal in L lung apex.

CT chest: extensive dense consolidation in R middle/lower lobe and L upper lobe w/ clustered nodules + tree-in-bud opacities. Bulky necrotic mediastinal and hilar LAD

Acid fast MAC + **Final DX: MAC Scrofula 2/2 IRIS.**

Problem Representation: 31yoM Hx of HIV+ (CD4 count 197), treated syphilis, p/w enlarged painful neck mass a/w night sweats and found to have hilar LAD and abscesses -like imaging inside neck mass

Teaching Points (Maria):

- **Important things to keep in mind in HIV+:** adequate treatment/prophylaxis and adherence, immunosuppression (severity (CD4 count) and chronicity) which can predispose to common and not so common ID and malignancies (lymphomas).
- **Neck Mass:**
 - Where is it? Anatomic approach → What is it? Skin - Abscess, Malignancy - Tc Lymphoma; Vascular - Kaposi; Thyroid - Goiter, Malignancies; Nerve - Paraganglioma; Lymph Nodes- LAD (Bulky LAD - CMV, EBV, Syphilis, odontogenic ix, GAS, fungal - Endemic mycoses, Bartonella, Tularemia; TB), Malignancy.
 - TB can do anything and should always be considered in HIV+. With neck mass: skin TB, osteomyelitis, scrofula.
 - The neck has so much valuable real estate- Location x3! Look for red flags of compressing/obstruction signs of different structures: respiratory tract obstruction (dyspnea, stridor). Other: trismus, toxic appearance.
 - With ID diagnosis and treatment often happen simultaneously. Clinical stability will give you a guide of what should be done fastest.
- **For ID/malignancies, risk factors (RF) are super important!** RF for acquiring HIV can also predispose to other pathologies: ie- oral sex is risk factor for HIV and HPV associated head and neck malignancies.
- **Pustular Rashes:** Derm is hard... crowdsource! In patients w/HIV consider other STIs: cutaneous gonococcal, HZV (might not be limited to a single dermatome 2/2 immunosuppression), Syphilis.
- All studies have limitations - consider LR and PPV/NPV for any test.
- **Widened Mediastinum:** You can also use an anatomic approach. Great vessels, esophagus, lymph nodes, thymus.
- **Not all infections are created equally.** Consider severity to narrow down MO - Bad strep/staf, Actinomyces, invasive fungi.
- **IRIS:** When starting ART, other infections might be unmasked. RF: lower CD4s.