



# 10/6/21 Morning Report with @CPSolvers



Case Presenter: Dr. Robert Centor (@medrants) Case Discussants: Deirdre Croke and Kirtan Patolia (@KirtanPatolia)

**CC:** Fatigue and muscle aches

**HPI:** 18 year old woman with fatigue and muscles aches 1-2 months ago. Hand, feet and knee aching and swelling the last 2 weeks. Muscles diffusely ache. 2 days ago fell asleep in school counselor office. No previous similar episodes. Her sister had a similar illness during childhood.

**ROS:** chronic frontal HA, 50lbs weight loss, COVID exposure 1 month ago, mano / metrorrhagia, subjective fevers, not recent illness cough /SOB, not polyuria/polydipsia.

**PMH:** Suicide attempt a year prior by advil ingestion.

**Meds:** Lexapro until 3 months ago.

**Fam Hx:** Father has DM Type 2, maternal grandmother RA.

**Soc Hx:** Lives with mother and sister.

**Health-Related Behaviors:** Occasional use of marihuana. 3 male sexual partners. Inconsistent condom use.

**Allergies:** None

**Vitals:** T: 98.9 F HR: 103 regular BP: 142/84 RR: 25 SpO<sub>2</sub>: 97

**Exam:**  
**Gen:** Awake, tired and uncomfortable.  
**HEENT:** Submandibular, cervical lymphadenopathy.  
**Extremities/Skin:** Swelling and erythema in b/l hands, limited range of motion. Pitting edema in b/l lower extremities, to the ankles. R knee swelling w/o erythema w/ pain in active and passive flexion and extension. Tenderness on palpation of the knees, wrists, ankles. No rashes or lesions.

**Notable Labs & Imaging:**  
**Hematology:**  
WBC: 3 (75% PMNs 20% LMN) Hgb: 10 Plt: 75 000

**Chemistry:**  
Na: 133 K: 4.5 Cl: 105 Bicarb: 20 BUN: 14 Cr: 1.1 glucose: 80 Ca: 8 Phos: 4.4  
Albumin: 2.7 TP 8.5  
ESR 71, CRP 2.1, Ferritin 32, Uric acid, LDH was normal. COVID antibodies were positive.  
HIV negative.  
TSH, T4, Troponin, BNP and UDS were normal  
UA: 3+ protein 3+ Blood, 32 RBCs, 13 WBCs, large number of hyaline casts.  
C3, C4 and total complements low, ANA elevated.

**Imaging:**  
CXR hands: normal.

**Final Dx:** Systemic Lupus Erythematosus.

**Problem Representation:** Previously healthy 18F w/ subacute arthropathy and weight loss p/w edema, HTN, polyarthritits, pancytopenia and proteinuria/hematuria.

**Teaching Points (Rafa):**

- **FATIGUE + MUSCLE ACHE**  
Fatigue - broad Ddx - go after the list with less ddx  
Make sure you're not dealing with asthenia (systemic disorder) or true weakness (neurological disorder)  
Relevant questions include : time course / exacerbating or alleviating factors / muscle or joint pain / current medications / diffuse or localized ache / any past PMH
- **METORRHAGIA**  
Irregular uterine bleeding between menstrual periods  
Interesting feature of the case - we'd expect amenorrhea under stress  
Cervicitis, vaginitis, endometritis,STI, PID, PCOS, adenomyosis
- **HYPERTENSION IN A YOUNG PATIENT**  
Anxiety / pain - could be a contributing factor  
If this persists, make sure to rule out secondary causes - severe/resistant HTN, malignant / accelerated HTN, HTN w/ electrolyte disorders / <30 yo in a non-obese patient  
Renal a. stenosis , glomerulonephritis, endocrinopathies (Cushing, hyperthyroidism)
- **EDEMA**  
Liver (jaundice) / heart (JVD, pulmonary crackles) / kidneys (periorbital edema)/ lymphatic system  
Urinalysis showing proteinuria - edema d/t loss albumin - kidney disorder
- **PANCYTOPENIA** - as lineages go down, think about the bone marrow - bone marrow infiltration / bone marrow aplasia / blood cell destruction or sequestration
- **HYPOCOMPLEMENTEMIA + PANCYTOPENIA + ARTHRALGIA** - SLE - high ESR w/ normal CRP