



11/3/21 Morning Report with @CPSolvers



Case Presenter: Catarina Costa Case Discussants: Rabih Geha (@rabihmgeha)

CC: Fever

HPI: 40 year old man p/w daily fever for the last week and a half. Refers spikes in the morning and afternoon with concomitant headache. As well as, diaphoresis at night and myalgias. Received symptomatic medication w/o improvement.

The day the fever started he went swimming.

PMH: None

Meds: None

Fam Hx: No contributory

Soc Hx: From an urban area of Portugal. No recent travel.

Health-Related Behaviors: No EtOH, no tobacco.

Allergies: None

Vitals: T: 39 HR: 110 BP: 120/70 RR: 16 SpO₂: 99

Exam:

Gen: Appeared well, a little diaphoretic.

HEENT: No lymphadenopathy.

CV: Regular rhythm. No murmurs.

Pulm: Clear b/l lung fields.

Abd: Palpable liver 5 cm under his ribcage. No tenderness on palpation.

Neuro: No meningeal signs.

Extremities/Skin: No edema or rashes.

Notable Labs & Imaging:

Hematology: WBC: 5 (75% neutrophils) Hgb: 11.5 Plt: 200

Chemistry: Na, K, Cl, CO₂: Normal BUN: 15 Cr: 1.7 glucose: Normal AST: 95 ALT: 180 Alk-P: 131 GGT: 340 T. Bil: 0.55 Albumin: 4 TP: Normal CRP: 60 ESR: 95

Blood cultures: Negative. Quantiferon TB: Positive

Autoimmune panel: Negative

Serology: HIV, HCV, EBV, Syphilis, Brucella, Coxiella, Bartonella, CMV Negative.

Imaging:

CT Abdomen: Homogenous hepatosplenomegaly. Liver 20 cm, Spleen 16 cm. No space occupying lesions. Thrombosis of inferior and superior mesenteric veins.

PET Scan: Liver hyperintensity.

Tissue Studies: Hepatic biopsy: Granulomatous hepatitis. Duodenal Biopsy: Negative on PAS stain (r/o Whipple's)

Final Dx: All liver biopsies were negative for Mycobacteria and Reed-Sternberg cells. Patient improved w/ TB regime. No final dx was determined.

Problem Representation: 40M p/w fever w/ spikes in the mornings and afternoons, nocturnal diaphoresis and myalgias. Exam was remarkable for hepatomegaly and imaging showed thrombosis of superior and inferior mesenteric veins.

- Teaching Points (Franco):**
- **Fever equals inflammation: I MADE**
 - Infection
 - Malignancy
 - Autoimmune
 - Drug
 - Endocrine
 - **4 W:** Who? What? Where? When?
 - **Bacteremia:** inside vs outside (tick borne-mosquitos) source
 - **Palpable liver:** is true increase of liver size or it is something focal, always look for chronic liver problem stigmata
 - **Diffuse liver problem:** most of the time viral
 - **Hepatosplenomegaly:** most common portal HTN
 - **Fever + Splenomegaly:** infections first, Viral, tick borne, granulomas
 - **Mesenteric vein thrombosis:** not usual site of thrombosis, points out to a hypercoagulable state (infection "sepsis-fusobacterium", autoimmune)
 - **Ultracoagulable state:** neoplasia, MAHA, APLS, sickle cell
 - **Granuloma:** Sarcoid, infection (TBC), drugs, foreign bodies