



11/11/21 Morning Report with @CPSolvers



Case Presenter: Kirtan Patolia (@KirtanPatolia) Case Discussants: Sharmin Shekarchian (@Sharminzi) and Rabih Geha (@rabihmgeha)

"A potentially fatal sequence"
CC: Loss of consciousness.

HPI: 21yM going to college by bus, after disembarking while he was walking through campus felt lightheaded and **fell to floor**. Regained consciousness shortly after it but was taken to ED -w **feeble pulses barely palpable** and **BP 100/50** → returned to normal after fluids.

Few fading **urticarial patches** in arms and legs.

ROS: No syncope history. No insect bites, meds or herbal supplements, no food allergy, no SOB.

No rash or syncope during exercise.

PMH:
 In previous 6m:2 episodes of urticarial rashes that start while riding bus that resolve spontaneously 20-30m later.

Meds:
 None.

Fam Hx:
 None.

Soc Hx:

Health-Related Behaviors:
 None.

Allergies:

Vitals: Stable
Exam:
Gen: Normal
HEENT: Normal
CV: Normal
Pulm: Normal
Abd: Normal
Neuro: Normal
Extremities/Skin: No cutaneous stigmata just **urticarial rash**.

Notable Labs & Imaging:
Hematology: Normal - normal differential.
BMP: Normal. Liver enzymes normal.
 Thyroid studies: normal.
 HIV: negative
 ESR: non reactive.

UA; normal.
 Stool microscopy: negative - no parasites.

Day of the episode: Consumed biscuit and coffee, later walked 1 mile to bus station. After 10 minutes in bus ride he developed rash and pruritus. In college he collapsed.

Previously when he consumes coffee or biscuits alone not followed by walks nothing happens. When he consumes biscuits after walking nothing happens.

This day he consumed biscuits then walked to college on a hot humid day and that day he developed rash and syncope.

Final DX: Food dependent exercise induced anaphylaxis FDEIA.

Problem Representation: 21yM experiments w/ biscuits and exercise and Sherlock Holmes his own case.

Teaching Points (Rafa):

- **LOSS OF CONSCIOUSNESS**
 4 Ss: Syncope, sugar (hypoglycemia), seizure, stroke
 Stroke - less likely in a young patient - unless there's a background like a hypercoagulability disorder (nephrotic syndrome)
- **SYNCOPE**
 Syncope - transient hypoperfusion to the brain
 Important to distinguish from seizure - tongue bite: low sensitivity but high specificity to seizures - especially lateral bites
 Etiologies
 - Reflex -vasovagal - increased parasympathetic tone - prodromal symptoms
 - Orthostatic - neurodegenerative diseases, medications,
 - Cardiac - arrhythmia / structural causes (AS, PE, HOCM)
- **HYPOTENSION A/W RASH**
 Anaphylaxis - distributive shock - the only type of shock which has low SVR. Can also be seen in sepsis / CNS injury.
 Epinephrine is your best friend - bronchodilator and vasoconstriction properties
- **FOOD DEPENDENT EXERCISE INDUCED ANAPHYLAXIS**
 Sequence is key! # cholinergic urticaria
 Food followed by rise in temperature / exercise - not other way around - wheat: most common food involved
 Exercise - endorphins - mast cell degranulation