



11/10/21 Morning Report with @CPSolvers



Case Presenter: Rafael Medina (@Rafameed) Case Discussants: Stephanie V Sherman (@StephVSherman) and Zaven Sargsyan (@sargsyanz)

<p>CC: 20 Y old F severe diffuse abdominal pain with diffuse itchy maculopapular rash including both hands and feet for one day.</p> <p>HPI: 3 days ago, developed headache, high fever of 30.5, myalgia, diffuse arthralgia, nausea and nonbloody nonbilious vomiting (3-4 times/day) and dizziness. She took dipyron for headache but didn't help.</p>	<p>Vitals: T: 39.5 HR: 108 BP: 100/80 RR: 26 SpO₂: 97</p> <p>Exam:</p> <p>Gen: distressed with dec state of awareness</p> <p>HEENT: diffuse headache with retro orbital pain and no LAD</p> <p>CV: tachycardia and no murmurs</p> <p>Pulm: R lung with dec BS, dullness to percussion on the base with dec tactile fremitus and delayed expansion</p> <p>Abd: Diffuse tenderness on palpation</p> <p>Neuro: lethargic</p> <p>Extremities/Skin: nonpalpable blanchable diffuse MP rash on face, hands, feet, legs, arms and chest. Cold extremities.</p>	<p>Problem Representation: 20 Y F w fever, retro-orbital, diffuse abd pain, nausea, vomiting, nonblanchable, diffuse MP rash, narrow pulse pressure, hemoconcentration, thrombocytopenia, mildly elevated liver enzymes, HM w ascites and R-pleural effusion and positive dengue titres.</p>
<p>PMH: She had a previous episode of MP rash, myalgia and fever 3d ago but didn't seek help</p> <p>No PSH.</p> <p>Meds: None</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 5150/ 53% typical lymphocytes Hgb: 17.7 Hct: 56.9 Plt: 36000</p> <p>Chemistry: Na: 123 K: 3.9 Cl: CO2: BUN: Cr: 0.5 glucose: Ca: Phos: Mag: AST: 54 ALT: 43 Alk-P: T. Bili: Albumin: 3.0</p> <p>Imaging: USG: hepatomegaly with ascites CXR: R-sided pleural effusion Titres: NS1 + for dengue, IgG+ for dengue, IgM- for dengue</p> <p>Diagnosis: Dengue</p> <p>Progress: Patient received volume expansion which helped to improve her condition. Her Plt and Hct improved and was normal after 4 days and finally discharged home :)</p>	<p>Teaching Points (Andrea):</p> <ul style="list-style-type: none"> Abdominal pain: quadrant (anatomy) vs diffuse that can project. You do not know the origin. This can be caused by pancreatitis, UTI, global peritonitis, non-anatomic causes (metabolic) Rash: skin vs. systemic Maculopapular: non specific, certainly infection, cancer (leukemia cutis), drug induced pathology, measles, mosquito borne illness -Maculopapular some small spots, some small bumps, -Morbilliform: Erytematosus, measles like subtype of maculopapular -Vasculitic rashes: microbleeds, diffuse, non blanchable Rash + Abd. Pain: Typhoid fever, systemic parasitosis, allergic reaction (edema of mucous membranes), rickettsia, autoimmune Palms and soles: coxsackievirus Syphilis: can get more than once, self limited first time Lofgren's syndrome is an acute form of sarcoidosis characterized by erythema nodosum, bilateral hilar lymphadenopathy (BHL), and polyarthralgia or polyarthritis Severe headache: disseminated neisseria, meningococo, dengue Pleural effusion picked up in Physical exam: idea of severity. Gonococemia: petechial rash, DIC Faget sign: Fever with bradycardia (slow pulse). typhoid fever, tularemia, yellow fever, and Legionella CLL, hairy plasmacytoid cells, can be read as atypical lymphocytes Hyponatremia can be the cause of sleepiness and vomit Antibody-dependent enhancement of dengue infection: The body's immune response actually makes the clinical symptoms of dengue worse and increases a person's risk of developing severe dengue.
<p>Fam Hx: Father with HTN and mother with DM. No cancer history.</p> <p>Soc Hx: Born and raised in Brazil. No travel</p> <p>Health-Related Behaviors:</p> <p>Allergies:</p>		