



# 11/14/21 Morning Report with @CPSolvers



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<p><b>CC:</b> Palpitation and fevers for 3 days</p> <p><b>HPI:</b> 33yo F presenting with <b>palpitations, fever and generalized muscle pain</b> for 3 days, progressively worsening. Assoc. w/ <b>dizziness and shivering</b>. Paracetamol only helped with the fever. She is 5m postpartum and breastfeeding. No diarrhea or vomiting. No urinary symptoms. <b>ROS:</b> dizziness and <b>bilateral breast tenderness</b>.</p>	<p><b>Vitals:</b> T: 36.2C HR: 128 BP: 107/71 RR: 14 SpO<sub>2</sub>: 99% on RA</p> <p><b>Exam:</b> <b>Gen:</b> alert, oriented, shivering, looking uncomfortable <b>HEENT:</b> No tonsillar enlargement, no oral ulcers, no thyroid nodules <b>CV:</b> Severe b/l breast tenderness +, tachy + <b>Pulm:</b> Symmetric equal mov, NVBS, no added sounds <b>Abd:</b> Soft, non-tender, no shifting dullness, no palpable hepatospleno <b>Neuro:</b> nl <b>Extremities/Skin:</b> hands warm, pulse symmetric and fast bilaterally, normal capillary refill, no Osler nodes or splinter hemorrhages. Lower limbs: warm, dorsalis pedis and posterior tibial pulses sym</p>	<p><b>Problem Representation:</b> 33yo F presented with palpitations, fever and generalized muscle pain for 3 days. Labs showed low TSH and high free T4 and T3, characterizing thyrotoxicosis.</p>	
<p><b>PMH:</b> Hx of similar episode in the past, diagnosed w/ malaria. Heavy menses for which she did not receive any treatment.</p> <p><b>Meds:</b> -</p>	<p><b>Fam Hx:</b> -</p> <p><b>Soc Hx:</b> sexually active with her husband; no recent travel.</p> <p><b>Health-Related Behaviors:</b> denies smoking and does not exercise regularly.</p> <p><b>Allergies:</b> -</p>	<p><b>Notable Labs &amp; Imaging:</b> <b>Hematology:</b> WBC: nl Hgb: nl Plt: nl <b>Chemistry:</b> Rapid Ag SARS-CoV-2 neg, COVID PCR neg CRP nl Lactic acid nl Malaria nl troponin nl Liver function slightly elevated TSH &lt;0.01 free T4 &gt;100 T3&gt;50 <b>Imaging:</b> EKG: tachycardia CXR: clear</p> <p><b>Final diagnosis:</b> thyrotoxicosis Patient was started on Propranolol, Carbimazole and Cholestyramine and followed-up with endocrinologist.</p>	<p><b>Teaching Points (Sukriti):</b> <b>Investigating the Sx:</b> <b>Fever:</b> Consider mimic, sympathetic response vs inflammation of fever Characterising severity, accompanying Sx: Rigors - SE for bacteremia Inflammation = IMADE -- Infection, malignancy, autoimmune, drug (+/-), Endocrinopathy ; R/o infection! <b>Palpitations:</b> Ask for Sx of low cardiac output (presyncope, syncope) to risk stratify pts. - Tachycardia = Appropriate stress response to fever Faget's sign: Relative bradycardia w/ fever -- Think intracellular organisms! - Layering on dizziness, thinking about the heart: Structural heart dz vs arrhythmia</p> <p><b>Collecting Clues:</b> <b>Pregnancy:</b> Physiologic changes of pregnancy -&gt; disease pathology vs unmasking underlying pathology -- access to healthcare during prenatal period - Postpartum thyroiditis <b>Hx of malaria:</b> Dormant species! Vivax and ovale <b>Clinical Pearl:</b> Think about the SE and SP of Hx &amp; physical exam findings in the context of pre-test probability when evaluating for a Dx!</p> <p><b>Framing a hypothesis: Postpartum state + Inappropriate Tachycardia + b/l breast tenderness = Endocrine, toxic &gt; Infection &gt; Malignancy</b> R/o life threatening Dx: Thyrotoxicosis! Burch-Wartofsky score Autoimmune (Graves) &gt; drug induced (Amiodarone)</p>