12/15/21 Morning Report with @CPSolvers

Case Presenter: *@VCU_IMRes* ***Case Discussants***: *VCU- @MarinaNaz @DeekJoud; @JackPenner @RabihmGeha*

CC: 2 mo watery diarrhea and nausea / vomiting for a week

HPI: 31 yo male with 2 mo hx non bloody watery diarrhea; intermittent nausea and vomiting for last week; denies ab pain; emesis nonbloody; current symptoms started after flu like illness 2 months prior that lasted for approx 1.5 week; cough, sore throat and he took otc cold medicine with resolution of symptoms; since then feeling more fatigued and diarrhea, nausea, vomiting started

ROS: no new meds, urinating more frequently, nocturia, denies weight change, no fever, no relation with foods; no sweating, palpitations, or rashes noted; pos for muscle cramping, no joint pains

PMH: No significant PMH or surgical

Meds: no new meds

Fam Hx: T2DM mom and dad

Soc Hx:works in a water construction company focusing on sewage development

Health-Related Behaviors:smokes maijuana, no IVD, admits previous cocaine, beer and liqour few times a week, tobacco occasional, multiple unprotected female sexual encounters;

Allergies: PCN gets a rash

Vitals: **T**: 36.9C **HR**: 79 **BP**: 153/108 **RR**: **SpO_2**: 97% RA

Exam:

Gen: well developed, no acute distress, multiple tattoos on face and extremities

HEENT: normocephalic, atraumatic, EOM intact, anicteric sclera, dry oral mucosa, poor dentition, no oral lesions

CV: RRR, normal S1 S2, no murmurs, strong peripheral pulses, trace pitting lower extremity edema BL

Pulm: breath sounds clear to auscultation BL, no increased WOB, no wheezing

Abd: soft, nontender, nondistended, bowel sounds present

Neuro: CN II-XII intact, strength 5+ throughout, intact sensation

Extremities/Skin: tattoos, no rashes

Lymph: no cervical, submandibular, submental lymphadenopathy

Notable Labs & Imaging:

Hematology: WBC: 7.4 Hgb: 9.6 (low) Plt: 166

Chemistry: Na: 133 K: 3.7 Cl: 109 CO2: 20 BUN: 48 Cr: 9 (v high) glu: 102 Ca: 6.3 (low) Corrected Ca 8.6 (wnl) Phos: 4.6 Mag: 1.5 AST: 45 ALT:44 Alk-P: 109 T. Bili: 0.1 Albumin: 1.1 (low)

Blood Smear: no schistocytes

UA: yellow, hazy, 500+ protein, trace leukocytes, neg nitrites, small blood, 500 glucose, neg ketones, no bilirubin, no urobilinogen, 3 RBC, 58 WBC, few bacteria, fatty casts, no RBC cast **Urine pro/cr:** 12.1

Serology

Hepatitis panel: negative, HCV ab negative, HBV surface ag, ab negative, HEV ag ab negative **HIV:** positive, viral load 1 million RPR nonreactive, ANA negative, anti-dsDNA negative, p-ANCA and c-ANCA negative, cryoglobulins negative, tissue anti-transglutaminase negative, PLA2R negative **CD4:** 177

Imaging: Renal US: increased echogenicity BL renal disease

Kidney biopsy: collapsing form of FSGS accompanied by tubulointerstitial inflammation

GI Biofire: negative **Colonoscopy:** stain neg for CMV

Dx: FSGS 2/2 acute HIV infection

Problem Representation: A 31 y/o M presenting with 2 month h/o vomiting and chronic h/o diarrhea following a flu like illness, was found to have nephrotic syndrome and renal failure secondary to HIV and collapsing FSGS.

Teaching Points (Brodie):

- **Chronic diarrhea:** Noninflammatory- secretory, osmotic, malabsorptive; Inflammatory: (*Infectious*: Giardia, cryptosporidium, TB, endemic fungi,HIV); [*Noninfectious*: lymphoma, sarcoid, IBD] (immune status assessment)]

- **GI+Renal:** volume issue → AKI; others: HUS, nephrotic syndrome (membranous nephropathy from a colonic tumor), oxalate nephropathy, villous adenoma in the rectum-kidney injury [McKittrick-Wheelock syndrome], vasculitides (PAN).

- **GI+Nephrotic syndrome:** (UA:fatty casts) IgA nephropathy triggered from a GI infection, IGAN a/w celiac , NS followed by hepatitides

- **HIVAN (HIV associated nephropathy)**- soon after seroconversion and during development of AIDS. can affect glomerulus, tubules (ART medications as well), vascular. *Glomerular:* nephrotic, nephritic or smoldering CKD.
  Nephrotic: Collapsing FSGS, On U/S: Large Kidneys (HIVAN, mc: DM)