



# 12//21 Morning Report with @CPSolvers

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<p><b>CC:</b> Fever in a patient on HD.</p> <p><b>HPI:</b> 42yF HD catheter in R thigh p/w 2 days of fever and cough producing yellow sputum. Also has a sense of burning in his feet, no decrease in movement, no pain, itching</p> <p><b>ROS:</b> No chest pain, no SOB. Has oliguria - 300-400ml/day, no dysuria.</p> <p>-</p>	<p><b>Vitals:</b> T:38.3 HR:74 BP:100/70 RR:20 SpO<sub>2</sub> :</p> <p><b>Exam:</b></p> <p><b>Gen:</b>61kgs, 160cms. BMI 23.8. Awake, alert GCS 15. No jaundice.</p> <p><b>HEENT:</b> Pale conjunctiva.</p> <p><b>CV:</b> Normal.</p> <p><b>Pulm:</b>Crackles, decreased sounds in R lower lobes</p> <p><b>Abd:</b> No lesions, no distension. Positive shifting dullness.</p> <p><b>Neuro:</b> No focal deficits.</p> <p><b>Extremities/Skin:</b> Pus formation around catheter tip in R thigh. No erythematous area around lesion. Burning injury which was recovered in 2nd and 3rd R toes.</p>	<p><b>Problem Representation:</b> 42y Female with PMHx of ESRD on HD , T2DM and HTN p/w acute onset of fever and pus formation around her catheter.</p>
<p><b>PMH:</b> T2DM HTN CKD - on HD for past 2m</p> <p><b>Meds:</b> Insulin</p>	<p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b> WBC:14.38 (N 11.45 - 79%) Hgb:7 MCV - normal Plt: 201</p> <p><b>Chemistry:</b> Na:130 K:3.2 Cl:94 CO<sub>2</sub>: BUN:13.4 Cr:422 mmol eGFR 14 glucose:6,3 <u>Hba1c - 5.3</u> AST 44 ALT 27 Phos 1.01 Ca 2.4 PTH 15.75 VitD 12.76 CRP 47.37 Serum Fe: 32, Ferritin 548, Transferrin 143, Tans Sat 15.86%</p> <p><b>UA:</b> high glucose 8mmol/L, protein 5g/L, RBC 50c, Leukocytes 25, nitrites negatives.</p> <p><b>Imaging:</b>EKG: sinus rhythm. CXR: bilateral costophrenic angle blunting Abd USG: stones in gallbladder 3mm, bilateral renal cortical echogenicity, fluid in abdominal cavity and R and L pleural space.</p> <p>Culture in catheter tip: S. aureus. Blood culture: S. aureus.</p> <p><b>Final DX: Catheter infection w/S. Aureus.</b></p>	<p><b>Teaching Points (Franco):</b></p> <ul style="list-style-type: none"> <li>● <b>Fever: I MADE</b> – Infection 1.0 = Base rate: Respiratory, Skin, Urinary, GI, Hepatobiliary, Bacteremia</li> <li>● <b>ESRD:</b> immunocompromised + foreign object: high risk of infection (Staph, candida more common, klebsiella)</li> <li>● <b>ESRD Why?;</b> Lupus, DM2, Primary, ADPKD can change the dx approach</li> <li>● <b>DM2 + Infection:</b> common bacterias, (candida + mucor + pseudomonas) and some gram -</li> <li>● Tempo is queen but immunocompromised patients can have a (White rabbit) <b>delayed presentation</b> of common bacterias or atypical ones.</li> <li>● <b>ESRD + DM2:</b> be cautious with Hb1Ac modifiers (Insulin clearance, iron deficiency)</li> <li>● <b>Catheter with pus:</b> Increased risk of bacteremia!</li> <li>● <b>Staph bacteremia (Where did it come from?):</b> uncomplicated vs complicated (where did it go? - TEE/MRI) (Osteo, Endocarditis)</li> </ul>