12/16/21 Morning Report with @CPSolvers

***Case Presenter**: Catarina costa 👑 (@catarinacmed) **Case Discussants**: Sharmin and Rabih <3*

CC: Hoarseness

HPI:
57 yoF presents with 12 hours of hoarseness, difficulty swallowing, cough and foreing body sensation in her upper airway. Husband could hear her labored breathing so they decided come to the ED. No other complaints, no sputum production.

PMH:
DM2, obese, gastric bypass 10 years ago. RA.

Meds:
Prednisone, insulin, metformin, antidepressants.

Fam Hx:
Unremarkable

Soc Hx:
Unemployed. Takes care of children.

Health-Related Behaviors:

Allergies: None

Vitals: **T**: 39.4°C **HR**: 120 **BP**: 110/40 **RR**: Tachypneic. **SpO_2**: 98% Room air.
Exam:
Gen: Ill-appearing, diaphoretic, loudy stridor, and use of accessory respiratory muscles.
HEENT: Laryngoscopy showed massive epiglottis obstructing the airway almost completely. Required mechanical ventilation and started dexamethasone and ceftriaxone due to suspected of bacterial infection.
CV: normal
Pulm: normal
Abd: normal
Neuro: normal

Notable Labs & Imaging:
Hematology:
WBC: 9.3 (90%N Lymphopenia of 3000) Hgb: 9.7 Plt: 330

Chemistry:
Na: K: 3 Cl: CO2: BUN: 33 Cr: .82 glucose: Ca: Phos: Mag:
AST: ALT: Alk-P: T. Bili: Albumin: Glu: 122 CRP: 200
Imaging:
Neck and chest CT: Showed no abscess, vascular occlusion, air in soft tissues. She did have bilateral pulmonary basis opacities suspected of pneumonia.
Cultures from induced sputum were pending.
Next day of hospitalization: No responsive to vasopressors, developed anuria and required hemodialysis, developed disseminated non palpable skin lesions, and looked cyanotic.

Blood cultures and sputum culture growed *H. influenzae*
Final diagnosis: Sepsis by *H. influenzae.*

Problem Representation: 57 yo F presents with acute symptoms of upper airway obstruction. Laryngoscopy showed a massive epiglotis and next day of hospitalization she developed anuria and disseminated skin lesions

Teaching Points (Rafa):

- **HOARSENESS**
  First question:
  Weakness (neurological causes) or problem in the larynx?
  Most common causes
  Acute /chronic laryngitis (GERD), neoplasia (SCC) , neurological dysfunction, benign vocal fold lesions, infections (Aspergillus).
- **RHEUMATOID ARTHRITIS**
  Extra-articular manifestations, including the respiratory tract including bronchiectasis, pleural effusion, and interstitial lung disease
- **STRIDOR ON PE**
  Obstruction of the airway
  Edema? (anaphylaxis - abdominal pain, rash, wheezes), mass (neoplasia - smoker? Alcohol use? HPV on the background?), lymphadenomegaly (infection)?
- **EPIGLOTTITIS**
  Cellulitis of the epiglottis, aryepiglottic folds, and other adjacent tissue.
  Predisposing risk factors: DM, obesity, and preceding URI
  Adults - a/w a broad range of bacteria, viruses, combined viral-bacterial infections fungi, and noninfectious causes (trauma)
  Most commonly caused by H. influenzae (less commonly due to the vaccination), S. pneumoniae
  Make sure to keep airway open - epiglottitis can progress to life-threatening airway obstruction
  Can lead to invasive disease w/ septic shock