



12/8/21 Morning Report with @CPSolvers



Case Presenter: (@GabrielTalledo) Case Discussants: (@KannuBansalMD)

CC: 4 months of diarrhea and intermittent fevers.

HPI: 14 y/o F 4 months of abdominal pain, diffuse with diarrhea without mucus or blood. Went to primary and given some antibiotics: azi+doxy, but symptoms did not improve.

3 mo prior, intermittent fever, 3 cycles, >38 and increasing in frequency over time. Weight loss + of 10kgs, periorbital edema +. more sweating at night, dec appetite and urine-normal, no blood.

At the ED, severe dyspnea and altered mental status, intubated and recovered.

Soc Hx: Peruvian jungle. Dogs, cats, chickens, no TB contact and no other family member with similar symptoms.

Health-Related Behaviors:

Allergies: none

Vitals: T: afebrile 37 HR:122 BP:90/60 RR:28 SpO₂:92 (before intubation)

Exam:

Gen:generally ill-appearing, dehydrated.

HEENT: profound and big (3-4 cm) cervical, axillary, inguinal lymph nodes, mildly tender, mobile

CV: normal, RRR, tachycardia

Pulm: crackles bilaterally

Abd: distended with a + positive fluid-wave sign,

Neuro: wnl

Extremities/Skin: 2 papular lesions in the mandibular area with central umbilication

Notable Labs & Imaging:

Hematology:
WBC:3.9, normal %, no eos Hgb: 8.9 Plt:120

Chemistry:
Na: 133 K:3.2 Cl: wnl CO2: BUN: Cr: wnl glucose: Ca: Phos: wnl
Mag:
AST: mild elevation ALT:mild elevation Alk-P: T. Bili: wnl Albumin: <2

HIV: neg, HTLV-1: neg, Blood cultures: pending, the urine sediments wnl, stool: microscopy wnl (no coccideas, no strongyloides)

Sputum: ZN, GENExpert neg

Imaging:
EKG:
CXR: pulmonary edema and reticulonodular pattern

Hematology: LN pathology: calcified granuloma and paracoccidioides organisms

Diagnosis: Disseminated paracoccidioides infection (acute juvenile)

Problem Representation: 14 YO with 4 mo chronic abdominal pain, diarrhea, intermittent fever, weight loss, palpebral edema and recent onset acute respiratory distress requiring intubation, with generalized lymphadenopathy, anasarca on exam and pancytopenia and hypoalbuminemia on labs.

- Teaching Points (Gabriel):**
- **Chronic diarrhea: >= 4 weeks of diarrhea.**
 - Categories: Watery, greasy, inflammatory.
 - + fever → points toward inflammatory bucket
 - Ddx: Bacteria (aeromonas, campylobacter, yersinia, plesiomonas, yersinia, *C. difficile*) Parasites (Giardiasis, coccideas, Strongyloides, Entamoeba)
 - + Respiratory distress:
 - Complication of chronic diarrhea? Hypoalbuminemia, protein losing enteropathy → Pulmonary edema.
 - Non cardiogenic pulmonary edema
 - Systemic illness?: *Echinococcus*, *endocarditis*, *loeffler syndrome*.
 - Primary lung disease/infection? → asthma, pneumonia.
 - + Ascites:
 - Anasarca
 - Hypoalbuminemia
 - Concomitant liver failure?
 - **Umbilicated skin lesions:** molluscum, systemic fungi, seborrheic keratosis.
 - **Diffuse LAD ddx:** SLE, kikuchi histiocytic necrotizing lymphadenitis, castleman disease, syphilis, TB, sarcoidosis, fungal infection, CMV, EBV, lymphoma.
 - **Paracoccidioidomycosis:** A fungi disease endemic to tropical regions. Have 3 presentations:
 - **Acute juvenile:** systemic symptoms: fever, weight loss, anemia, diarrhea, abdominal pain
 - **Chronic:** Respiratory symptoms (cough, mild dyspnea), mouth ulcers.
 - **Asymptomatic**