12/18/21 Morning Report with @CPSolvers

***Case Presenter**: Gabriel Talledo (@gabrieltalledop) **Case Discussants**: CPS Family <3*

CC: Fever in a traveler
HPI: 30M patient with 10 days of fever. He came back to Lima and refers 10 days of 40 C fever, headache, malaise, hyporexia and occasional dry cough. The headache is 8/10 in intensity, pulsatile in nature and does not associate with light, nor nausea or vomiting. Recent travel:

- 2 weeks ago: North amazon to mining camps

1 week ago: Peruvian andes

Past Medical History: Typhoid fever when he was young. Automobile accident when he was a teenager.

Meds: None

Family History: None

Social History: No contact with TB infected ppl. Does not consume cheese. Travels frequently to the jungle, no Px for Malaria. Eats whatever he can. Frequent travels to the jungle and andes. Received yellow fever vaccine.
Health Related Behaviours: 1 pack of cigarettes per day. Practices mountain cycling.

Vitals: **T**: 39 C **HR**: 88 **BP**: 100/70 **RR**:18 **SpO_2**: 98
Exam:
Gen: Well appearing.
HEENT: Cervical, axillary and supraclavicular LAD.
CV & Pulm: Normal
Abd: No visceromegaly.
Neuro: Normal
Extremities/Skin: Erythematous diffuse macular rash in the back and thorax. Did not affect the palms or soles.

Notable Labs & Imaging:
Hematology:
WBC: 3410 (N 52% S 7% L 32% M 8% E 1%) Hgb: 14.2 Plt: 159
Thick blood smear x5: neg.
Chemistry:
Na: 129 Rest of panel was normal.
AST: 90 ALT: 130 Alk-P: 113 T. Bili: 1 LDH 580 CRP normal
Serology: Brucella agglutination 1/80 (neg), HAV, HBV, HCV neg. CMV, EBV, Toxoplasmosis, Histoplasma: neg.
Imaging:
CXR: normal. Eco: no vegetations. Abd CT and Eco: Normal.

Started empiric treatment for Salmonellosis with Ciprofloxacin, headache got worse and fever persisted.
LP: Glucose 30, elevated leukocytes w/ lymphocytic predominance. AFB, India ink, crypto serology neg. Mieloculture was negative for Brucella.
Biopsy of lymph node: Compatible with TB.
HIV ELISA was positive. Viral count >1000 copies/mL. CD4 < 1000
Final Dx: Acute retroviral syndrome.

Problem Representation:
ENG: 30M w/ recent travel to the jungle and highlands, p/w 10d history of fever, lymphadenopathy, headache and rash.
ESP: Hombre de 30 años, con historia de viajes a los Andes y la selva, se presenta con historia de 10 días de fiebre, cefalea y en el examen se encuentra linfadenopatía y rash.
POR: Paciente de 30aM apresenta-se com febre por 10 dias. Ao exame físico com linfonodomegalia, maculopapular rash difuso sem afetar as extremidades.

Teaching Points (Gabriel):

- **Fever in a traveler**
  - Likely a infection related or unrelated to travel
  - Who? → patient conditions, PMHx, medication
  - Where? → consider endemic diseases in the setting of travelling and in the homeplace. Ask for itinerary of the trip, exposures
  - When? → does your ddx match incubation periods?
  - + Peruvian jungle: malaria, typhoid fever, arboviruses (dengue, chikungunya, zika), leptospirosis.

- **Collecting clues:**
  - Traumatic splenectomy?: Remnants of spleen remain and can protect you from encapsulated infections.
  - Many risks of infections → Understand the syndrome
  - **+ Faget sign:** Legionella, tularemia, brucellosis, dengue, fiebre amarilla, salmonella. Exceptions: B-blocker.
    - **Faget sign** can be caused by AV block induced by endocarditis (common pathogens, Staph, Strep)