



12/23/21 Morning Report with @CPSolvers



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<p>CC: SOB, malaise and back pain</p> <p>HPI: 55yM with SOB, malaise, and back pain x2 weeks. 2 weeks of malaise 1 day of SOB Back pain does not radiate, at baseline thought to be due to prostate cancer</p> <p>In the ER, the patient needed more fluid removed in HD due to volume overload</p>	<p>Vitals: T: 36C HR: 110 BP: 120/80 RR: 22SpO₂: 89% 5L O2</p> <p>Exam:</p> <p>Gen: ill appearing with increased respiratory effort</p> <p>HEENT: No adenopathy, thyroid nonpalpable</p> <p>CV: pansystolic multifocal murmur, tachycardic, regular rate, palpable pulses</p> <p>Pulm: 2/3 diminished breath sounds R hemithorax, normal air movement L</p> <p>Abd: Distended, no shifting dullness, No tender to palpation</p> <p>Neuro: Normal</p> <p>Extremities/Skin: bilateral edema and no rash</p>	<p>Problem Representation: 55yM living in Peruvian jungle with advanced prostate cancer and ESRD 2nd to this p/w SOB and hypoxemic resp failure with murmur, R sided effusion, and eosinophilia found to have disseminated cryptococcus.</p>
<p>PMH: TB at age 15, treated PMH prostate cancer diagnosed 1 year prior ESRD due to prostate cancer</p> <p>Meds: NSAIDs Androgen deprivation therapy?</p> <p>Fam Hx: NA</p> <p>Soc Hx: Lives in Peruvian jungle in agriculture</p> <p>Health-Related Behaviors: Occasional drinking/smoking</p> <p>Allergies: NKDA</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 11k, no bands, eos 1500, Hgb: 6, MCV low Plt: 300k</p> <p>Chemistry: Na: 132 K:4 Cl: 98 CO2: BUN: 48 Cr: 4.73 glucose: Ca: Phos: Mag: AST: 45 ALT: 26 Alk-P: 107 T. 6, Bili: nl, Albumin: 2.7 Procal 2.4, CRP 324 COVID neg, HIV neg, hep B/C neg PSA >1000, AFP 2.4 UA: 8-10 leuks, 4-6 RBCs, no epithelial cells Cryptococcal antigen: Positive Blood cultures positive for cryptococcus</p> <p>Imaging: EKG: CT Chest: R sided effusion, no mets, no PE TTE: No vegetation seen Pleural Studies: Protein 2, WBC 400 (90% mono), RBC 4000, ADA 22 Negative neoplastic cells, cryptococcus +</p> <p>Final diagnosis: Disseminated cryptococcus infection</p>	<p>Teaching Points (Rafa):</p> <ul style="list-style-type: none"> ● BACK PAIN Malaise and SOB - prioritize it! Much more morbid. Pulmonary + back pain - Pott's disease / endocarditis manifestation (microemboli) Red flags: age >50, history of cancer, constitutional symptoms (fever, weight loss), no response to previous therapy, nighttime interfering with pain, neurologic ● CANCER + SOB SOB - 95% cardiopulmonary process Metastasis to the lungs, PE (d/t hypercoagulability), pericardial effusion ● EDEMA Kidney (periorbital edema), heart (elevated JVP?) Pulmonary crackles?, liver (jaundice? Spider angioma?) Palmar erythema?) ● EOSINOPHILIA + LUNGS Some parasites have the lungs as part of their life cycle Strongyloides, Ascaris, Necator, Toxocara, Ancylostoma (SANTA) Eosinophils in the lungs - can lead to wheeze, SOB, and fever. ● CRYPTOCOCCUS Common in Peru - epidemiology Commonly associated w/ meningitis w/ elevated intracranial pressure - physical obstruction by the cryptococcal polysaccharide capsule