01/05/22 Morning Report with @CPSolvers

***Case Presenter**: Rafa presents a case by Dr. Centor (@) **Case Discussants**: Ravi(@) and (@)*

CC: 18 yo with fatigue and muscle aches

HPI: Pt notes fatigue about 2 months, aching hands feet and knees for the last 2 weeks. Progressive diffuse muscle aches. Increased fatigue. Sister with a similar illness in childhood. Pt notes chronic frontal HA for 2 years. COVID exp a few months ago. Recent abnormal menses (metromenorrhagia). Subjective fevers +. 50 lb weight loss over the last few months.
Denies any recent illness, cough/SOB, polyuria/polydipsia. Denies prior symptoms.

PMH: depression with prior Suicide attempt

Meds:

Fam Hx: Father: DM, CAD, Grandmother with RA

Soc Hx: THC use, three prior sexual partners with protection, No STIs

Health-Related Behaviors:

Allergies:

Vitals: **T**: **98.5 F** **HR**: **103** **BP**: **142/84** **RR**: **25** **SpO_2**: 97% RA
Exam:
Gen: Awake, tired and uncomfortable.
HEENT: Nml, Supple neck, lymphadenopathy in the submandibular region and left posterior cervical
CV: Tachy, no murmurs
Pulm: CTAB
Abd: Nml
Neuro: Nml
Extremities/Skin: Erythema and swelling of bilateral hands, LE edema of the feet and ankles. Pain of flex/ext of foot. TTP of wrist hands feet ankles. No rashes

Notable Labs & Imaging:
Hematology:
WBC: 3k Hgb: 10g/dL Plt: 75k
Chemistry:
Na: 133 K: 4.5 Cl: 99 CO2: 20 BUN: 14 Cr: 1.1 glucose: 80
Ca: 8
ESR 71 CRP 2.1 Ferritin 92.3
TSH and T4 normal Trop and BNP Nml
UA: 3+ protein and blood, 13 wbc/hpf, 32 rbc/hpf, 57 hyaline cast UDS neg
ANA: + 1:320
DS DNA: +
Lupus AC: Neg
C3 and C4 low
Imaging:
CXR: Hilar lymphadenopathy, Nml Hand X-rays
Dx with Lupus with nephritis

Problem Representation: An 18 yo F presented with weight loss, fatigue, polyarthralgias, and menstrual abnormalities was found to have lymphadenopathy, pedal edema, pancytopenia, proteinuria, an elevated ESR, + ANA & DS DNA confirming the final dx of lupus w/ likely lupus nephritis.

Teaching Points (Gabriel):

- **Approaching fatigue + muscle aches:**
  - Explore timing, patient factors, and other symptoms that can help us identify the condition.
  - + abnormal uterine bleeding & weight loss → fatigue can be explained by anemia & inflammation
    - Structural causes: PALM (Polyps, Adenomyosis, Leiomyoma, Fibroids)
    - Non-structural causes: COEIN (Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic)
- **Collecting clues:**
  - Polyarthritis can be used as a pivot point.
  - + peripheral edema, pancytopenia in a young female patient → SLE, infectious diseases associated with renal + BM failure (HIV, CMV, EBV → HLH), sarcoidosis (hematuria less typical renal manifestation)
  - What supports SLE over other ddx?
    - Nephritic picture + low complement levels in a subacute progression and positive ANA, dsDNA
    - Polyarthritis.
- **SLE Pearls:** Opportunistic infections are the most common cause of death in SLE. Renal and CNS diseases are the second most common.Female patients have higher risk of miscarriages and hould be conseled not to become pregnant for at least 6 months until the disease is quiescent