

# 1/31/22 Morning Report with @CPSolvers

**Case Presenter:** Colleen Mcgourty (@colleenmcgourty) **Case Discussants:** Max Konig (@MaxKonigMD) and Jason Liebowitz

**CC:** 57 y/o female p/w rash and abdominal pain.  
**HPI:** Patient was in her usual state of health when she developed a rash (non painful or itchy) 3 weeks ago. It started in her legs then spread to her arms and trunk. She also developed diffuse and crampy abdominal pain. Associated with Nausea and decreased appetite. Denied vomit, constipation, melena, hematochezia, diarrhea or dyspnea. Rest of ROS negative

**PMH:** Follicular lymphoma 9yo prior tx with chemo and relapse tx with Bone marrow transplant  
 HTN  
 DM  
 Severe chemo induced peripheral neuropathy  
**Meds:**  
 Metformin  
 Gabapentin  
 Glyburide

**Fam Hx:** None  
**Soc Hx:** None  
**Health-Related Behaviors:** None  
**Allergies:** None

**Vitals:** Normal  
**Exam:**  
**Gen:** Appears fatigued, otherwise well appearing  
**HEENT:** PERRL, EOMI, oropharynx and palate clear, neck supple  
**CV:** Regular rate and rhythm, no murmurs  
**Pulm:** Normal  
**Abd:** diffuse epigastric tenderness, no rebound or guarding, no HSM  
**Neuro:** Normal  
**Extremities/Skin:** Non blanching erythematous macules and papules, palpable purpura on lower extremities, buttocks and arms. No lymphadenopathy.  
**Joints:** No swelling, erythema, tenderness, full ROM

**Notable Labs & Imaging:**  
**Hematology:**  
 WBC: 3.6 Hgb: 7.8 (down from 11 2 mo prior) Plt: 144  
**Chemistry:** BMP: normal (at baseline), LFT: normal  
 FOBT: neg / Stool cultures: neg / **ANA, RF:** neg  
**Urinalysis:** neg for RBC, protein, nitrites or small leukocyte esterase, 5-10 WBC/hpf  
**Imaging:** CT : normal /Colonoscopy: mild colitis of hepatic flexure and ileocecal valve  
**Skin biopsy:** Predominant infiltrate of lymphocytes neutrophils, and eosinophils + focal endothelial swelling, extravasation of RBC consistent with **leukoclastic vasculitis**  
**IgA immunostudy:** strong labeling in dermal endothelial cells consistent with immunocomplex deposition.  
**Bone marrow bx:** myelodysplastic changes and hypercellular bone marrow  
**Final Dx:** **IgA vasculitis/HSP vasculitis**

**Problem Representation:** 57yo female w/pmh of follicular lymphoma p/w 3 weeks of rash, crampy abdominal pain and palpable purpura.

**Teaching Points (Marcela):**  
**Rash** - characteristics, localization, pattern and evolution  
 • Detailed physical exam (macules, papules, areas of necrosis...)  
**Abdominal pain** - broad differential diagnosis. - Acute x subacute x chronic  
 • Are the symptoms linked? → temporal association  
 Which are the organs involved? Is it a systemic inflammatory process? -  
**Constitutional symptoms** → fatigue, fever, weight loss  
**Who is the patient?** - immunosuppression, medications, family story  
 • Lymphoma - relapse? evolution?  
 • Transplant - Allotransplant (acute and chronic graft versus host disease)  
 Immunosuppression related to autoimmune disease - Scleroderma, dermatomyositis...  
**Categories** - Infections, Malignancy, Autoimmune, Drugs  
**Vasculitis**  
 • Medium or small vessels vasculitis - abdominal pain and rash  
 • **HSP - IgA vasculitis** - palpable purpura - more common at younger ages but it can happen in the context of a malignancy  
 • Drug induced - Medications, cocaine  
**Physical exam** - detail physical exam to find clues of systemic involvement and other organs involved  
 • Scleroderma - thickened areas of skin  
 • Neurologic exam - are the nerves affected?  
**Labs** - Pancytopenia (is it new?), look for hemolysis,  
 • **Pancytopenia** - SLE, connective tissue disease  
**Rheumatoid factor** → immunoglobulin (IgM, IgG) that targets the FC portion of another immunoglobulin;  
 • If precipitates in the cold - cryoglobulin - Look at the complement level (classic pathway consumes C3 and C4)  
**Cryoglobulinemia** - 3 types - type 1 related to malignancy - be careful with false positives