2/06/22 Student Morning Report with @CPSolvers

Case Presenter: *Jassimran Singh (@JassimranSingh9)* ***Case Discussants***: *CPS fam <3*

CC: 62 y/o Male w/ **foot pain**

HPI: Pain started in right foot, overnight, progressed proximally and became severe, associated with numbness and tingling, worse with ambulation.

PMH: Metastatic NSCLC w/ Brain mets, DVT and PE, COPD

Meds: Apixaban

Fam Hx: None

Soc Hx: None

Health-Related Behaviors: Tobacco use

Allergies: None

Vitals: **T**: **97.6 F** **HR**:66 **BP**:157/87 **RR**:20 **SpO_2**: 96% in room air

Exam:

Gen: alert oriented, no acute distress

HEENT: poor dentition

CV: Regular rate, and rhythm, **holosystolic murmur**

Pulm: lungs CTAB, unlabored breathing

Abd: Normal

Neuro: **Decreased sensation in right and left extremity**

Extremities/Skin: **RL extremity pale, cool to touch, mottled; decreased sensation throughout, delayed capillary refill, faint capillary refill, faint femoral pulse, absent pedal pulse.**

Notable Labs & Imaging:

Hematology:

WBC: **13.8** Hgb: Plt: **76** k/mcl Hct: 50%

D-Dimer: **4360** (normal <500) **CMP:** normal

Blood Cultures: negative on admission and repeat testing.

Imaging:

CT-A of Right LE: Occlusion of **right iliac and femoral arteries**, NO evidence of underlying atherosclerosis .

Clinical course: Emergent right femoral artery cutdown and thrombectomy. The following day he developed **B/L blurry vision with L Hemianopsia.**

MRI brain: Acute infarct involving the **right PCA territory** and multiple smaller infarcts in **B/L posterior parieto-occipital lobes.**

TEE: moderate mitral regurgitation and a posterior mitral leaflet echo density; multiple echo density involving mitral and aortic valve.

Dx: Marantic endocarditis w/ multiple embolisms.

Problem Representation: 62 y/o Male with a past history of lung cancer. Present with right leg pain, cold, delayed capillary refill and absent pedal pulse. Labs: Elevated D-Dimer and low Plt.

Teaching Points (Debora Loureiro & Seyma Yildirim)⭐ :

- **Foot pain**: **Trauma**, (Pseudo-) **Gout**, **Infection**, **Vascular**, **Neuropathy**, **Diabetes** (Charcot's foot), **Chronic arthritis** of the ankle , **Plantar fasciitis**.
- History, time course, Location, associated symptoms/events are important! Check: **nerve, bone**, **skin** (e.g. cellulitis)**, arteries** (e.g. embolism)**, venous, swelling** (nephrotic, HF, DVT), ligaments.
- **Hypercoagulability** can lead to embolism, other DDx: compartment syndrome, complex regional pain syndrome (if recent surgery).
- **Virchow's triad: hypercoagulability** (malignancy, contraceptives, immobility, hereditary (Faktor V Leiden, PT mutation), **endothelial lesions** ,or **stasis**.
- **DOACs** won't work in SLE and APLS (-> give Warfarin instead).
- **Exam of the foot: Inspection**, **Pulses** (Pulselessness as a serious sign for acute limb ischemia), **Color** (hyperemia, hypoxia?), **Palpation** (tenderness?). *=> All that will help to decide about the lab, image.*
→ Also check for **arrhythmia** (e.g. AFib), new **heart murmur** (-->septic embolism due to endocarditis).
- **Leukocytosis:** infection can be something else… demargination from pain, Steroids.
- **Thrombopenia**: ITP, HIT I/II , Infections (e.g. Hantavirus, EBV), DIC (malignancy, septic events), Systemic (SLE, HLH), Glanzmann or Bernard-Soulier, **Bone-Marrow** (Aplastic anemia, MDS).
- **Low Bicarb** → think of metabolic acidosis (e.g. lactic).
- **DIC:** schistocytes, thrombopenia, low fibrinogen, PTT high.
- **Seronegative endocarditis:** Bartonella, Q-Fever, Brucella, **Marantic** endocarditis (Malignancy, Libman-Sacks).

Final pearl: Non-bacterial thrombotic endocarditis occur in 4% of all patients w/ advanced cancer!