3/10/22 Morning Report with @CPSolvers

Case Presenter: *Jack Penner* (@jackpenner) **Case *Discussants***: *Sharmin Shekarchian (@Sharminzi) and Rabih Geha (@rabihmgeha)*

CC:

HPI: 60yM presenting with diffuse pain after fall
Difficulty ambulating after fall 5 days prior from ladder, diffuse pain since then and has felt systemically unwell prompting presentation to the ED.
Difficulty articulating what led to fall, work on ladder, reached up to get something and fell w/ diffuse pain after
Feeling unwell w/ fatigue and malaise for past 3-6 weeks prior to fall, worsening pain in knee several weeks, increased urinary retention and nocturia

PMH:
Left TKA 4y ago,
Knee pain worsening,
Hx/o Alc use disorder,
Untreated HepC,
HTN,
Right hip arthroplasty

Meds:
Losartan,
PCA

Fam Hx: unremarkable

Soc Hx: lives in the San Francisco Bay Area

Health-Related Behaviors:
none

Allergies:
none

Vitals: **T**:100.1 F **HR**: tachy **BP**:130/70 **RR**: **SpO_2**: normal on RA
Exam:
Gen: uncomfortable on bed
CV: Tachycardic, systolic ejection murmur LUSB (heard previously)
Pulm: clear, normal breathing
Abd: Diffusely TTP w/o rebound or guarding
Neuro: Alert and oriented x2, no focal motor or sensory deficits, able to ambulate but uncomfortable
Extremities/Skin: warm swollen L knee, painful L knee but normal ROM, R knee normal, able to walk but uncomfortable to walk due to pain

Notable Labs & Imaging:
Hematology:
WBC: 13 (PMN predom.) Hgb: 6.7 Plt: 18
Blood smear: No schistocytes; fibrinogen normal
Chemistry:
Na: 137 CO2:16 BUN: 104 Cr: 2.61
AST:136 ALT: 80s Alk-P: normal T. Bili: normal
Lactate 2.7
Imaging:
CXR: clear; CT abd. pelvis: normal
No periprosthetic Fx on imaging
Arthrocentesis: 21000 WC (80% PMN), no organisms on gram stain; culture also positive for E. faecalis
Urine analysis: pyuria; **Urine culture**: E.faecalis, E.coli
Blood culture: E.faecalis
TEE: 1.8cm vegetation on aortic valve

Dx: Aortic valve endocarditis from E. faecalis

Problem Representation: Elderly male w/ hx of HTN, TKA, HCV and alc use disorder, p/w subacute constitutional symptoms a/w knee pains, falls and AMS; objective data notable for SIRS, diffuse abdominal tenderness w/o rebound and L Knee arthritis, renal failure, thrombopenia and pyuria.

Teaching Points (Samy):

- 2 dimensions for representing a problem: space (e.g. chest pain, anemia) and time (hyper-,acute, subacute, chronic); vaque clinical syndrome + history -> step back, slow down and get more information
- Simple approach to tendency to fall (think of it as the opposite of standing): cardiovascular, neurologic, musculoskeletal and environment factors
- Urinary retention: most commonly BPH, also consider UTI (broad spectrum - cystitis, pyelonephritis, prostatitis,etc.), spinal cord dz
- The older, the colder! Don´t disregard inflammation in the absence of fever in older patients!
- Fall: Think of the cause (neurologic, cv, msk) and consequence (rhabdomyolysis, AKI, intracerebral bleeding)
- Thrombocytopenia + anemia: hold your breath -> exclude emergencies (TMA with schistocytes and heparin exposure) -> continue breathing
- Bacteremia -> get an echo and check prosthetic implants (sticky bugs like sticky things) -> changes medical management
- High index of suspicion for infectious endocarditis, but unremarkable TTE? Get an TEE (higher sensitivity for vegetations), and ECG (check PR-prolongation, which if present could point to a paravalvular abscess)
- High pretest probability for a certain dz, but a negative diagnostic test of choice: don´t disregard the dx! Repeat or widen diagnostic workup!
- E. faecalis bacteremia: In addition to UTI think of a GI source!
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