

**CC:** **Palpitations and generalized fatigue.**  
**HPI:** 76-year-old male with two days of palpitations and fatigue. One day he woke up from normal usual state prior and had **palpitations**, he was feeling **fatigue and couldn't perform daily activities** (e.g. going to grocery store).  
**ROS:** No fever, night sweats, SOB, wt loss, chest pain, any recent illness, no nausea vomiting, no orthopnea or PND, any change in mood or hyperactivity. No respiratory symptom.  
**Palpitations continuous for 5-10 minutes, stopped and then start again, felt in ear as well;** main reason for visit. No exertion, no provoking or relieving factors.

**Past Medical History:**  
None  
He does not regularly visit doctor.  
  
**Meds:** none.

**Family History:** Not significant.  
**Social History:** pt originally from CHAD  
 Work in pepsi factory, stocking packages. **Taking care of animals like camel, sheep.** Drink whole milk  
  
**Allergies:** none

**Vitals:** T: 37 C HR: **110** BP:116/60 RR: **18** SpO<sub>2</sub>: adequate 96%  
**Exam:**  
**Gen:** Pt lying supine, no acute distress, normal habitus, alert, no dehydration.  
**HEENT:** **conjunctival pallor**, no scleral icterus, no cervical LAD, thyroid gland not enlarged. Ear: normal exam, normal hearing.  
**CV:** JVP normal, **apical impulse displaced, increased heart beat**, no murmur or gallop.  
**Pulm:** B/L air entry, no crepitus, no crackles.  
**Abd:** Non tender, soft, no organomegaly.  
**Neuro:** Normal  
**Extremities/Skin:** **pallor** on nails, radial pulse regular, good volume. No Lower limbs edema, rash or bruise.

**Notable Labs & Imaging:**  
**Hematology:**  
 WBC: **17.7** (neutro 6%, lym 7%, mono 86%) Plt: **10** Hgb :**4.8**  
**Chemistry:**  
 Na: 136 K: 4.6 Cl: CO2: BUN: glucose: 69 BUN: **20.4** LDH **318**  
 Cr:94 (normal) Mag:  
 AST: 15 ALT:16 Alk-P:51 T. Bili: normal  
**Coag profile: Normal**  
 Blood smear: severe anemia, thrombocytopenia, reports acute leukemia  
 Immunocytochemistry: **CD117, 13, 34 positive**, neg: ALL marker  
**Imaging:**  
 EKG: normal sinus tachycardia, no other significant change  
 CXR: normal  
  
**DX: AML M0, started on chemotherapy.**

**Problem Representation:**  
**ENG:** 76 Y/M w palpitations and generalized fatigue, exam remarkable for tachycardia and pallor. Labs and blood smear revealed raised LDH & WBC, low platelet & Hgb and + AML markers on Immunocytochemistry.  
**ARA:**  
 ع: رجل ذو ال ٧٦ عام أتى الى المستشفى بسبب احساس ياضرابات في دقات القلب واحساس بالارهاق، التحاليل ومسحة الدم اظهرت ارتفاع في خلايا الدم البيضاء وانخفاض في الصفيحات و الهيموجلوبين و مسحة الدم اظهرت سرطان الدم الحاد  
  
**GER:** Ein 76 Jahre alter Mann mit Palpitationen und generalisierter Fatigue seit 2 Tagen ohne bekannte Vorerkrankungen, vorgestellt mit Tachykardie und Anämie-Zeichen in der KU. Das Labor ist auffällig für Leukozytose, Thrombopenie, Anämie und LDH-Erhöhung, Im Blutausstrich Hinweise für eine AML.

- Teaching Points (Seyma):**
- **Palpitations: cardiac** (Afib, Sick sinus, SVT, sinus tachycardia), **psychiatric** (panic disorder, anxiety disorder)
    - **Most palpitations don't have anything to do with the heart** - Most are idiopathic and unknown!
  - **Trigger for tachycardia:** electrolyte imbalance (K+, Ca+, etc.), anemia, endocrine (hypoglycemia, pheo), withdrawal (Benzos, EtOH), drugs (caffeine, cocaine),
  - **Palpitations vs. pulsatile tinnitus: The combination of both possible**
  - **Red Flag: Pulsatile tinnitus:** correlation to heart beat?, whooshing sound of blood vessels (Use the stethoscope)
    - Tip: Feel the pulse of left hand (R handed): tapping when having tinnitus w/ R hand
  - **Unpasteurized milk:** brucella, listeria, M. bovis
  - Anemia, vascular dz (fibromusc. Dysplasia, dissection, glomus tumor) can cause pulsatile tinnitus
  - Clues: Conjunctival pallor+anemia signs+not on exertion+duration of 5-10min+ high age → maybe arrhythmia
  - Conjunctival pallor: consider anemia (but not specific for iron deficiency!)
  - High LDH+anemia+thrombopenia+leukocytosis (monos↑): consider AMML or CMML (→ severe LAD)
    - Monocytes: can be blasts! (diagnostic problem)
    - Before you call it monocytosis, look at the peripheral blood smear! (monocytes can mimik blasts!!!)
  - Complication of leukemia:: Hyperviscosity, extramedullary hematopoiesis
  - Last teaching pearl: Camels are nice (Still consider MERS, and the above mentioned bugs in terms of unpasteurized milk) 🐫 .