3/18/22 @CPSolvers VMR Fundraiser

***Case Presenter**: Gurleen Kaur (@Gurleen_Kaur96)* ***Case Discussants**: Steph & Zaven (@StephVSherman & @sargsyanz)*

CC: 70yM p/w 4 weeks of fever, chills, sweats, fatigue & malaise

HPI:

- Chills and night sweats 4wks ago. 1wk ago low-grade fevers, unusually fatigued with reduced activity 50% of baseline. Pressure over head that resolved with Tylenol. Loss of appetite and skipped meals. Lost few lbs
- Slight burning urination and frothy urine. Urine culture grew Aerococcus. Hematuria without any pyuria on UA. took 1 dose of TMP-SMX
- ROS: shoulders and upper arm b/l pain R more severe improved w Tylenol. No weakness or impaired mobility.

PMH: Asthma, T2DM well controlled, CKD stage 3, HTN, Hyperlipidemia, hyperthyroidism

Meds: Albuterol, Amlodipine, Aspirin, Empagliflozin, Fluticasone, Hydrochlorothiazide, Levothyroxine, Lisinopril, Metformin, Metoprolol, Rosuvastatin

Fam Hx: no h/o cancer or autoimmune dz in family

Soc Hx: born in India, came to US 20y ago

Health-Related Behaviors: Smoke 5 pack yrs, 1 glass wine/wk

Allergies:

Vitals: **T**: 98.8 initial fever up to 103 during stay **HR**: 104 **BP**: 108/58 **RR**: 18 **SpO_2**: 98%

Exam: normal

Gen, HEENT, CV, Pulm, Abd: nl

Neuro Extremities/Skin: nl

Notable Labs & Imaging:

Hematology:

WBC: 12.94 (68% neu, 14% L, 5% eos, 12% M) Hgb:13.3 HCT: 41.2 Plt: 324

Chemistry:

Na: K:3.6 BUN:41 Cr:2.07 (baseline: 1.5), **CK normal** AST: 51 ALT: 38

Alk-P:nl T. Bili:nl Albumin: 4.2 CRP >300, ESR 76, **ferritin 830**, procal 0,15

UA 1+ blood no pyuria. Urine culture repeat 10,000 CFU Lactobacilllus; Upper resp viral panel and COVID -ve; Blood cultures: no growth

Imaging: CXR: nl. CT A/P - no pyelonephritis or other abnormalities

CBC next day eos and mono went down

Blood parasite -ve. Babesia, Ehrlichia, Anaplasma -ve Lyme Chlamydia, Gonorrhea -ve. Mono, Hep B/C, T spot, CMV, syphilis -ve. Urine: Histo, HIV -ve. Tularemia brucella cox -ve. Started empiric doxy. **TTE:** no vegetations

RF, CCP, ANA, ANCA, SPEP -ve

PET: no FDG-avid malignancy. Patchy FDG uptake throughout muscle without fluid collection. May be related to inflammatory disease involving muscles. Check muscle enzymes.

Rheum: fevers and UE pain persisted. Temporal artery US -ve. Ferritin rose to 1426 9later dropped to 600s) worsening AST/ALT, increasing neu leukocytosis. Plt inc to 765

Il-2R 3000. Aldolase 12.6 (nl 7). TG: nl. Prednisone 40mg resolved fever and pain. Increased energy.

Final Dx: Adult onset Still's disease possible, no definitive dx some sort of multi-system auto-inflammatory disorder

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Problem Representation: 70yM w/ multiple comorbidities p/w 4 week h/o fever, fatigue, dysuria, found to have pos. urine culture, eosinophilia on labs w/ neg. imaging so far.

Teaching Points (Sukriti):

The disconnect b/w low grade fever and rigors: Dhruv: "Something is off and I don't know what" - Rigors: Uncontrollable shaking - You couldn't drink a cup of water without shaking it!

- The absence of fever with rigors does not reduce the likelihood of bacteremia & the height depends on the change from baseline!
- Medications: NSAIDs, steroids

Localising the infection: Seyma "Aerococcus urinae can cause invasive inf eg. IE, urosepsis"

- Complications of UTI: prostatitis, prostatic abscess, pyelonephritis
- A n atypical organism can be an accidental finding and manifestation of a complication of underlying dz

Taking a step back: Gail "Consider thinking about other causes of inflamm - IMADE"

Reframing the problem: Fever + chills + b/l UE tenderness Clinical pearl: When a person is "sick" and has eos, think about if the eos has something to do why he's sick!

- Autoimmune, parasitic inf (**Vals mnemonic "FIESTA"**), malignancy (heme>solid)
- **Alaa "Inclusion body myositis"** prox & distal, asymm, older adults

Who is the patient: Nazanin "I think about TB in ppl who have been to a TB endemic region"