4/20/22 Morning Report with @CPSolvers

Case Presenter: *Gabriel Talledo (@gabrieltalledop)* ***Case Discussants***: *CPSolvers Fam*

CC: disseminated ulcers

HPI: 43yM w/ disseminated ulcers in perianal and oral region.
3 months before, got his second dose of pfizer vaccine, got rhinorrhea, myalgias, headache and fevers. Took some acetaminophine and sx relieved.
2 weeks before: Odynophagia, swallowing solid and liquid was problematic, rhinorrhea continued; now bloody secretion and continuous w/ cough and hoarseness; In the ED he was dx w/ bronchiectasis and got treated w/ Tranexamacid, antibiotics.
Reports pain in pharynx; 5 d before sx got worse and developed painful lesions in feet and hand and have become bloody ulcers; pain in defecation, bloody ulcers in perianal region, oral ulcers; back pain of 5-10 intensity; lost -10kg in that time course

PMH:
Pulmonary Tb 10y ago, tx for 6 months, completed treatment
Bronchospasm w/ chronic cough 3y ago, tx w/ inhalation; no surgery

Fam Hx: little brother skin cancer (can´t specify

Health-Related Behaviors: does not drink or smoke

Allergies: none

Vitals: **T**: **39°C** **HR**: **115** **BP**:170/80 **RR**:25 **SpO_2**: 94%
Exam:
Gen: awake, lucid, oriented 3x
HEENT:
CV: tachycardic; normal rhythm, no murmurs
Pulm: lung sounds decreased; wheezing b/l
Abd: pain in **L flank**, no organomegaly, no scrotal pain
Neuro: wnl
Extremities/Skin: bilateral hemorrhagic ulcers in hand and perianal region; the ulcers are demarcated and hemorrhagic

Notable Labs & Imaging:
Hematology:
WBC: 20 (Eos) nl Hgb: 11 Plt: 522
Chemistry:
BUN: 46 (nl) Crea: 0.74 glucose:164 AST: wnl ALT: wnl
CRP 39; Total protein 5.8 g/dL (elevated), Albumin 2.3 (low),

Acid-fast bacilla stain in sputum 3x negative,
HIV-ELISA non-reactive, HTLV1 neg.
RPR, VDRL normal, CMV, EBV, Hep B, C neg.
UA: 10 RBC, protein elevated
Imaging:
CXRay: b/l nodular infiltrates, tree in bud pattern
CT: compatible w/ chronic sinusitis
Skin biopsy: neutrophils, perivascular infiltrate with fibrinoid necrosis⟶ leukocytoclastic vasculitis

ANCA positive, PR3+

Dx: Granulomatosis with Polyangiitis

Problem Representation: Middle aged pt p/w perianal and oral ulcers with signs of subacute inflammation found to have nodular pulmonary infiltrates, sinusitis and leukocytoclastic vasculitis

Teaching Points (Samy):

- Multisystem disease -> think broadly: disseminated cancers/infections, autoimmune dz (vasculitis, connective tissue disease, arthritis) Get an HIV-test!
- Mucocutaneous disseminated ulcers: infections (HIV, syphilis, HSV, endemic fungi, TB, NTM), autoimmune (IBD, Behcets, pemphigus vulgaris, vasculitis), drug reactions (SJS/TEN, EEM), cancers
- History of latent TB/active Tb but treated? Always consider recurrence of disease!
- Bronchiectasis: central (ABPA, HIV), UL (CF, sarcoid), ML (ABPA, MAC), LL (aspiration, a1-antitrypsin deficiency, HIV, PCD, hypogammaglobulinemia, rheumatologic)
- Wide pulse pressure: Think aortic regurgitation and atherosclerosis first, but also high-output states: anemia, sepsis, cirrhosis, AVMs, thyrotoxicosis, thiamine def, pregnancy, MPNs, Pagets disease
- UA can be normal in GN -> don´t disregard due to normal result -> always trend
- Tree-in-bud-appearance: bronchioli filled with molecules infections (bacteria, virus, fungi, mycobacteria), aspiration, ABPA, connective tissue diseases, vasculitis
- GN: hypocomplementemic (SLE, MPGN, para-/postinfectious, cholesterol emboli) vs. normocomplementemic (AAV, Anti-GBM, IgA-nephropathy/vasculitis)
- Leukocytoclastic vasculitis: think SVV (GPA, eGPA, MPA)