



5/27/22 Morning Report with @CPSolvers



Case Presenter: Dr. Arkadiy Finn (@ArkadiyFinnMD) Case Discussants: Rabih Geha (@rabihmgeha) and Reza Manesh (@DxRxEdu)

<p>CC: fever, cough and sore throat</p> <p>HPI:</p> <ul style="list-style-type: none"> - 64yF w/ PMH of COPD, anxiety, depression and a previous h/o pneumonia - 1 week of fever, chills, rhinorrhea, cough, sore throat; clear discharge - Developed headache, breathing difficulty, cough was non-productive and became productive, whitish sputum; 103.8, a/w back pain, myalgia, diffuse joint pain 	<p>Vitals: T: 101.1 HR:96 BP: 109/95 RR: 19 SpO₂: 93% <4L O2</p> <p>Exam:</p> <p>Gen: alert, awake, very mildly confused, some fatigue, generalized feeling ill</p> <p>HEENT: wnl, neck supple CV: wnl</p> <p>Pulm: bibasilar rales</p> <p>Abd: soft, non-tender, no organomegaly</p> <p>Neuro: alert, awake, no speech difficulty, CN intact, moving all 4 extremities</p> <p>Extremities/Skin: no rash and no LE edema</p>	<p>Problem Representation: 64yoF with PMH of COPD and previous PNA p/w fever, cough, and sore throat. Found to have hypoxemia and bibasilar rales. Labs consistent with leukocytosis.</p>
<p>PMH: COPD, anxiety, depression, previous h/o pneumonia</p> <p>Meds: Metocarbamol Gabapentin Risperidon Duloxetine</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 8 (no bands) Hgb:14 Plt: 152</p> <p>Chemistry: BMP and LFTs wnl</p> <p>Imaging: EKG: unremarkable CXR: subtle bibasilar airspace disease; Respiratory pathogen panel positive for rhinovirus. Legionella negative. Antibiotics Ceftriaxone → days: fever continued, febrile (Vancomycin + Zosyn), answers inappropriate, off from baseline. Edema + hypoxia Hyponatremia + fever + AMS. Psychiatrist stop the risperidon Sometimes more oriented; never comatous. Inappropriate answers. CT brain: mild hydrocephalus LP: Nucleated cell counts 151, 11% polys, 77% lymphos, protein 188, glucose 50, opening pressure wnl, => lymphocytic pleocytosis WBC 19000 in serum Rash on R buttock in a dermatomal distribution of fascicular nature was noted during the LP. Brain MRI: no evidence of obstruction w/ mild hydrocephalus CSF cultures sterile</p> <p>Final dx: Listeria meningitis (t/w Ampicillin and sx completely resolved)</p>	<p>Teaching Points (Rafa):</p> <ul style="list-style-type: none"> • FEVER + COUGH + SORE THROAT <u>Fever - inflammation</u> Tempo (acute - infection until proven otherwise) - IMADE: infection/malignancy/ drugs/endocrinopathy <u>Sore throat</u> Pharyngitis (less likely S. pyogenes - age/cough - Centor criteria - >44yo - 1) • CHILLS + DYSPNEA <u>Dyspnea:</u> 95% cardiopulmonary causes (anemia/deconditioning/hyperthyroidism/obesity/ neuromuscular weakness - MG/ acidosis/ anxiety Don't expect in benign disease - chills (bacteremia) Pharyngitis complications? Or primary lower respiratory tract disease? • RECURRENT PNA EPISODES <u>Same lobe</u> Bronchial obstruction - extrinsic (cancer) / intrinsic (bronchiectasis/foreign body) Recurrent aspiration (GERD / poor dental hygiene/neurological disorder) <u>Different lobes</u> Immunodeficiency (HIV/leukemia), vasculitis, cystic fibrosis, BOOP • ALTERED MENTAL STATUS MIST - metabolic / infection/ structure/trauma <u>Focal neurological deficits</u> - can fool you! Focal frontal lobe disease (personality changes) / Temporal lobe impairment (language disorders) • VESICULAR DERMATOMAL DISTRIBUTION - VZV/HSV • ZOSTER + TB + LEGIONELLA - SIADH (hyponatremia) • LISTERIA MENINGITIS - mean time diagnosis (day 7) / arthralgia/ gastroenteritis / granulomatosis infantiseptica / tx: ampicillin