06/11/22 🌎🌍🌏 Morning Report with @CPSolvers

***Case Presenter**: Rabih Geha (@rabihmgeha)* ***Case Discussants**: the chat <3*

CC: fever, headache, and neck pain

HPI: 95 yoM p/w 3 days of fever, headache, and neck pain

For the last 2 years, progressive pancytopenia of unclear etiology - Hb 9 Plat 80's

Assumed to have myelodysplasia - declined bone marrow biopsy

1 ago, p/w odynophagia, esophageal candidiasis.

No trauma hx.

Past Medical History:
Non-contributory

Meds:

Family History:

Social History:

Health Related Behaviours:
Lives in California

Allergies:

Vitals: **T**: **HR**:**BP**: **RR**: **SpO_2**:

Exam:

Gen: "can move his neck" - screams in pain when trying to move it

10/10 without moving it

HEENT: nl

CV: nl

Pulm: nl

Abd: nl

Neuro: nl

Extremities/Skin: nl

Notable Labs & Imaging:

Hematology:
WBC, Hgb, and Plt consistent with pancytopenia

Chemistry:
Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag:
AST:nl ALT: Alk-P: nl T. Bili:nl Albumin: nl
HIV neg CT head normal LP normal UA neg
Blood culture neg
Normal TSH
ESR and CRP - high

Imaging:
CT scan - large pannus formation at C1 and C2

Final dx: Crowned dens syndrome (pseudogout on the neck)

Problem Representation:

ENG: 95yoM with neck pain, fever, and headache with a history of pancytopenia and negative infectious workup (Lea)

ESP:

POR:95aM com dor cervical, febre, e cefaleia com história de pancitopenia e workup negativo para infecção.

Teaching Points (Seyma):

- Acute fever + headache → IMADE (prioritize infection)
- Most common infections in older adults resulting in hospitalisation: respiratory, GU, GI (enterocolitis), skin and soft tissue, hepatobiliary (cholecystitis, cholangitis) bacteremia w/o a source, CNS
- Fever in an old person: "The older the colder"
- Neck pain ⟷ headache (CAVE: **Chronic neck pain)**
- Common reasons for immunocompromised state in older people:
  - **Most-common: HIV, Meds**; mildly age related like Zoster; end-organ disease (Diabetes, ESRD, cirrhosis); Heme (CVID, myeloma, splenectomy, CLL (lymphocytosis?), MDS (macrocytosis?)) → PMH/med records; Labs (CBC w/ diff, CMP, SPEP w/ Igs)
- Neck stiffness: neck is the most mobile part
  - Amount of ingredient of each CC should be concerning (esp. concern at rest)
- **Neck pain:** Infection (Lemierre syndrome, Meningitis), Trauma (whiplash injury), Compression due to any mass (hematoma, malignancy, mets), Rheumatic (PMR, GCA)
- **Fever + neck pain**
  - **Anterior:** LAD, Thyroid (painful thyroiditis), Vascular (Lemierre, Carotid vasculitis)
  - **Posterior:** soft-tissue (PMR+GCA, BCP tendonitis, RP abscess), meninges (epidural abscess, meningitis), vertebra (osteo, CPPD)
- **Neck imaging:** MRI (too sensitive; can overcall overt bony diseases), Use MRI in occult bony dz (= CT-negative bony dz)!
- **Crowned dens syndrome (CDS):** Acute CCPD-arthropathy /pseudo-gout of neck, CPP usually in wrist or knee, but can also affect neck; characteristic imaging in C1 and C2 => the chameleon of acute neck pain
  - DDx for CDS: meningitis, GCA, PMR, spondylodiscitis, rheumatoid arthritis