



# 7/11/22 Morning Report with @CPSolvers



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<p><b>CC:</b> Fatigue and SOB 65 y/o male fatigue for past 6 months</p> <p><b>HPI:</b> Sleeping more 8 hours every night and a nap of 1 hour more naps. In 4 July SOB, last winter acute self resolving neck pain after snow shoveling</p> <ul style="list-style-type: none"> <li>- New bruises in his arms</li> <li>- Denied other symptoms</li> <li>- Colonoscopy 1 year ago - some polyps removed - recommended to repeat in 5 years</li> </ul>	<p><b>Vitals:</b> T: HR: 85 BP: 115/82 RR: 18 SpO<sub>2</sub>:</p> <p><b>Exam:</b></p> <p><b>Gen:</b></p> <p><b>HEENT:</b> No LAD</p> <p><b>CV:</b> Normal</p> <p><b>Pulm:</b> Normal</p> <p><b>Extremities/Skin:</b> bruises on the arms. No swelling in the arms</p>	<p><b>Problem Representation:</b> 65 yo M p/w chronic fatigue, SOB and bruising. Found to have pancytopenia.</p>
<p><b>PMH:</b> HTN HLD Pre DBT Appendectomy at age 34</p> <p><b>Meds:</b> Atorvastatin 40 daily Amlodipine 10mg Vitamin D</p>	<p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b> WBC: 1.5 (ANC 0.8) Hgb: 7.5 MCV 109 Plt: 75 5 y/o everything was normal</p> <p><b>Chemistry:</b> Na: nl K: nl Cl: nl CO2: BUN: Cr: 0.8 glucose: Ca: 10 TSH: normal LDH: normal Reticulocytes: low B12: normal Folate: normal Homocysteine: normal Iron Panel: normal Haptoglobin: normal Zinc: normal Methylmalonic acid: normal HIV, HCV, EBV, CMV, Parvovirus: Negative</p> <p><b>Imaging:</b> US liver normal CXR: CTAB SMEAR: Hypo granulated PMNs, Pseudo- Pelger-Huet (hypolobated PMNs), oval macrocytosis, no blasts BMB Hypercellular multi-lineage dysplasia, 8% BLASTS + ring sideroblasts, MILD fibrosis, tp53 mutation</p> <p><b>Dx: MDS - Myelodysplastic Syndrome</b></p>	<p><b>Teaching Points (Samy):</b></p> <ul style="list-style-type: none"> <li>• Dyspnea: think disorders of heart and lung first (vast majority), but also blood (anemia, acidosis, T4), neuromuscular disorders and anxiety</li> <li>• Dysfunctional blood cells: leukocytes -&gt; predisposes to infections, erythrocytes -&gt; fatigue, dyspnea; platelets -&gt; easy bruising, petechiae</li> <li>• The more cell lines are down, the more likely the bone marrow is the cause (acute, subacute, chronic).</li> <li>• Fatigue highly unspecific symptoms, look for other clues and think of endocrinopathies (e.g. hypothyroidism), anemia, OSAS, systemic illness, meds, depression, etc.</li> <li>• Was the patient tired before?? -&gt; Baseline? -&gt; Get CBC and BMP!</li> <li>• Isolated macrocytic anemia: B12, B9 deficiency, unilineage MDS, medications, alcohol abuse, hemolytic anemia (due to reticulocytosis) -&gt; smear, hemolytic parameters -&gt; Coombs Test</li> <li>• Chronic Pancytopenia: lack of material (b12, b9, copper deficiency), myelophthisis (leukemia, lymphoma, solid cancer mets, granulomatous infections) &gt; aplastic anemia &gt; peripheral destruction (CLL, SLE, tick borne)</li> <li>• Copper deficiency can mimic MDS (can cause hypo-, normo- or hyperchromic anemia, leukopenia and thrombocytopenia)</li> <li>• Pseudo-Pelger-Huet cells on peripheral smear: hyposegmented nG mostly seen in MDS (Pelger-Huet: congenital disease with these cells) - Mutation in lamin B receptor</li> <li>• Never say you have "Good Cancer" to patients with indolent cancers -&gt; always be empathic</li> <li>• MDS presents with a wide variety of symptom severity and survival (indolent vs. rapidly progressive)</li> <li>• tp53-MDS = nearly a AML equivalent with decreased long term survival</li> <li>• Autologous SCT (SCs get collected -&gt; chemotherapy -&gt; gets own SCs back), allogeneic SCT (high dose chemo -&gt; bone marrow stem cells -&gt; graft versus leukemia effect due to donor)</li> <li>• GvHD: acute -&gt; gut (diarrhea), liver (elevated LFTS), skin (maculopapular eruption) up to 100 days, chronic GvHD -&gt; + skin fibrosis</li> <li>• Setting with Pancytopenia: primary manifestation vs. acquired during hospitalization (e.g. sepsis)</li> <li>• How do I become a bone marrow donor? -&gt; Sign up! Important due to rare matches of HLA-alleles! <a href="http://www.bethematch.org">www.bethematch.org</a></li> </ul>
<p><b>Fam Hx:</b> None</p> <p><b>Soc Hx:</b> Vegetables and fish 2 times a week</p> <p><b>Health-Related Behaviors:</b> Retired Quit smoking 15 y/o ago (smoked for 30 years) 2 beers every monday</p> <p><b>Allergies:</b> None</p>		