



7/15/22 Morning Report with @CPSolvers



Case Presenter: Kiara Camacho (@kiaracamacho96) Case Discussants: Rabih (@rabihmgeha) and Reza (@DxRxEdU)

CC: rash
HPI: 27yo M
 Rash started 15 days prior - a/w respiratory symptoms and fever 10 days prior with erythema and painful in the R hemithorax that self-resolved
 7 days prior on the elbow a/w fever 5 days prior on the forearm that self-resolved
 3 days prior on the wrist - went to consult a dermatologist and rheumatologist
 Prompted to the ED to admission On ED, found to have painful, pruriginous rash on the wrist and the forearm

PMH: None
Fam Hx: None
Soc Hx: Engineer
Health-Related Behaviors:
 Lives with his gf
 Denied covid
 North coast of Peru recent travel
Allergies: None

Vitals: T: 38°C HR: nl BP: nl RR: nl SpO₂: nl
Exam:
Abd: slight abdominal pain on palpation in the RUQ
Extremities/Skin: painful erythematous rash on the extensor wrist and forearm

Notable Labs & Imaging:
Hematology:
 WBC: 7200 (25% eosinophils) Hgb: 14.7 Plt: 200k ESR nl
Chemistry:
 CMP - nl
 Albumin 4.5 Alk P - 66 TGO / TGP nl Cr - nl
 RF - 8.3 (nl)
 SSA and SSB nl
 ANA / ANCA nl
 EBV IgM neg HIV neg

Imaging:
 CXR: nl
 Abdominal X-ray nl
 X ray R arm - edema and mild tenosynovitis of the extensors (2th-4th)
 Ate sushi on her previous trip
 Underwent biopsy - eosinophilic panniculitis

Final dx: gnathostoma infection

Problem Representation: 27yo M p/w rash on wrist and forearm, fever and respiratory symptoms. Found to have transient rash and tenosynovitis on wrist and forearm a/w eosinophilia.

- Teaching Points (Andrea):**
- Approach to Rash: Pattern recognition: Look at rash, is there inflammation (rocky mountain, TSS), isolating cutaneous vs systemic process, always review meds
 - Other approach to rash: width (horizontal), extension and depth (blisters are deep) and evolution. Listen for alarm symptoms like pain, mucosal involvement and systemic features
 - Rash usually mild and pruritic. Relapsing and remitting and SOB gives clue to systemic process
 - Waxing and waning: Syphilis Less likely to be a typical bacterial infection. Parasite,
 - Fever and rash in young person: Infectious mononucleosis, HIV
 - Inflammation, tenderness and systemic process, arthritis, vessels,
 - Septic arthritis of wrist vs cellulitis: peri vs intra articular. Be careful to examine since skin and joint are together
 - Tenosynovitis: move tendons while moving the fingers. Highway for rapid spread> Medical emergency Normally caused by infectious (Staph, Strep, Gonorrhea Treat with ATB other syphilis, mycobacterium marinum) and autoimmune (spondylitis arthropathy, gout)
 - Negative labs and abdominal pain: gastritis, enterocolitis, peptic ulcer disease
 - Fever, rash, tenosynovitis and eosinophilia:
 - Eosinophilia: Absolute number does not reflect grade of eosinophilia. Many can be in the tissues and not counted.
 -Primary: without secondary cause or 1ry eosinophilic leukemia.
 Secondary: adrenal insufficiency, reaction to medication, lymphoma and lung ca, EGPA, Fungal, parasitic, atypical bacteria (mycobacteria does not caused such a big eosinophilia)
 - Eosinophil apoptosis is caused by virus and bacteria,
 - Nodules, eosinophilia, rheumatism, dermatitis and swelling (NERDS)