

8/17/22 Morning Report with @CPSolvers

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<p>CC: 59 y/o male swelling of mouth and tongue, difficult speaking, sore throat for several hours</p> <p>HPI:</p> <ul style="list-style-type: none"> - Difficulty breathing, poor dentition, gum pain - Tooth and gum pain 		<p>Vitals: T: 99°F HR :104 BP: 198/97 RR: 26 SpO₂: 99 % in RA</p> <p>Exam:</p> <p>Gen:</p> <p>HEENT: moist mucous membranes, poor dentition, some hoarseness (maybe baseline?), no stridor</p> <p>CV: Normal</p> <p>Pulm: Clear bilateral</p> <p>Abd: soft, non-tender, not distended</p> <p>Neuro: Normal</p> <p>Extremities/Skin:</p> <p>In ED: given labetalol → 160 systolic</p>	<p>Problem Representation: A 59yM w/ angioedema w/ tooth and gum pain, difficulty breathing. Exam notable for poor dentition and use of cocaine. Recent use of an ACE-inhibitor.</p>
<p>PMH: Pulmonary nodule 3 years HTN Hyperlipidemia Pre DBT</p> <p>Meds: Amlodipine HCTZ Atorvastatin Famotidine Methadone Benazepril</p>	<p>Fam Hx: None</p> <p>Health-Related Behaviors: Current cocaine and tobacco use Hx of heroin use, on methadone</p> <p>Allergies: None</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 4000 Hgb: 13.6 Plt: 265</p> <p>Chemistry: Na: K: Cl: nl CO2: BUN: 25 Cr: 0.73 glucose: 108</p> <p>Imaging: EKG: wnl CT neck with contrast: Extensive edema throughout soft tissue of neck C3-C7, sublingual, submandibular and retropharyngeal spaces Edema of epiglottis, arytenoids, and false vocal cords</p> <p>Dx: Angioedema</p>	<p>Teaching Points (Yazmin):</p> <ul style="list-style-type: none"> ● Angioedema → Swelling of mucosae, Presence of urticaria? <ul style="list-style-type: none"> ○ Mast cell mediated: IgE/Anaphylaxis, Aspirin, NSAIDS, chronic urticaria → expect HYPOTENSION + URTICARIA ○ Bradykinin mediated: ACE(-), C1 (-) deficiency, hereditary angioedema, fibrinolytics. Not associated to urticaria or pruritus but may be accompanied by colicky abdominal pain, nausea/vomiting, diarrhea ● Angioedema of unknown case: idiopathic angioedema characterized by recurrent episodes without known cause, possible triggers are cold, heat, stress, exercise. ● Drug- induced angioedema: Ca-channel blockers, fibrinolytics, immunosuppressive agents. ● If worried about anaphylaxis → IM Epinephrine ● We can slow the progression of the angioedema with corticosteroids ● If we found Tissue destruction/Gas formation: <ul style="list-style-type: none"> ○ Lemierre sx: Infectious thrombophlebitis of the internal jugular vein resulting from oropharyngeal infections that colonize the carotid sheath → fusobacterium necrophorum ○ Ludwig’s angina: Arises from a dental/upper airway infection, predisposing factors are DM, alcohol use, immunocompromising condition, characterized by Fever, mouth pain, stiff neck, difficulty swallowing, trismus → Viridans strep and anaerobes.