

# 9/1/22 Morning Report with @CPSolvers

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<p><b>CC:</b> Masses over hands and lower extremities + Erythema x 4 weeks</p> <p><b>HPI:</b> 56 y/o hx of asthma with masses over hands + erythema X 4 weeks She was on prednisone for asthma and now transitioned to dupilumab six weeks ago There is no itching, irritation, or pain + Nausea, constipation and fatigue No fevers, no weight loss</p>	<p><b>Vitals:</b> T: 97.8 HR: 78 BP: 121/92 RR: 16 SpO<sub>2</sub>: 98% RA</p> <p><b>Exam:</b> <b>Gen:</b> Weakness <b>Neuro:</b> generalized weakness, no focal deficits <b>Extremities/Skin:</b> multiple palpable, non-tender firm subcutaneous nodules and plaques on bilateral upper extremities, right hand and right anterior thigh with overlying erythematous rash</p>	<p><b>Problem Representation:</b> A 56yF w/ a PMH of asthma and prednisone tx w/ multiple subcutaneous nodules w/ overlying erythematous rash and generalized weakness for 4 weeks. Labs notable for severe hypercalcemia, high ACE and high 1,25-VitD, PTH and PTHrP suppressed.</p>	
<p><b>PMH:</b> Asthma Sleep apnea HTN Hypothyroidism PSH: none</p> <p><b>Meds:</b> Albuterol Dupilumab Lisinopril Hydrochloro thiazide L-Thyroxin</p>	<p><b>Fam Hx:</b> Son has CAD</p> <p><b>Soc Hx:</b> No alc, tobacco or illicit drugs</p> <p><b>Health-Related Behaviors:</b> None</p> <p><b>Allergies:</b> NKDA</p>	<p><b>Notable Labs &amp; Imaging:</b> <b>Hematology:</b> WBC: 7.4 Hgb: 12 (Hkt 37%) Plt: 240 <b>Chemistry:</b> Na: K: Cl: CO2: BUN: Cr: glucose: Ca:15 Phos: Mag: AST: ALT: Alk-P: T. Bili: Albumin: ACE 109 TSH normal Ca 15 Vit D 25 34.6 Vitamin D 1.25 83 PTH 5.4 PTH RP &lt; 2 TSH Normal HepB, HepC, Syphilis negative HIV negative</p> <p><b>Imaging:</b> Punch Biopsy: Left arm- Normal epidermis, deep dermal inflammatory changes. Granulomas within stroma</p> <p><b>Final DX:</b> Darier Roussy variant of Sarcoidosis. (Subcutaneous sarcoidosis)</p>	<p><b>Teaching Points (Yazmin):</b></p> <ul style="list-style-type: none"> <li>● Localization of the masses and the rash.</li> <li>● Nodules: We must characterize them and think they showing a “deep process”</li> <li>● Inflammatory skin nodules arise from inflamed blood vessels (vasculitis) or adipose tissue (panniculitis). Either can arise in response to underlying infection or antigen stimulation with influx of inflammatory cells.</li> <li>● Vitaminosis D makes us suspect of GRANULOMATOUS DISEASES</li> <li>● Sarcoidosis, Crohn dx, vasculitis, foreign body exposure.</li> <li>● Infectious causes of granulomas: TB, fungal infections</li> <li>● In Sarcoidosis Calcium dysregulation: activated macrophages produce 1-alpha hydroxylase → ↑ 1,25-dihydroxyvitamin D (hypervitaminosis D) → hyperphosphatemia, hypercalcemia, and possibly renal failure.</li> <li>● Darier Roussy dx: Skin manifestations vary and include papules, scar-associated sarcoidosis, erythema nodosum, lupus pernio, plaques and, rarely, subcutaneous nodules</li> <li>● Darier-Roussy is a rare manifestation of sarcoidosis, characterized by subcutaneous nodules commonly found in the upper extremities</li> <li>● Classically, lesions present as asymptomatic, firm, mobile, subcutaneous nodules without epidermal changes</li> </ul> <p>The first case report published was of a patient who had presented with cutaneous sarcoidosis while being treated with omalizumab after being weaned off steroids</p>