

9/02/22 Morning Report with @CPSolvers

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CC: 42yM w/ fever, night sweats, weight loss in past months
HPI:
 -1 year before: pain in lower limbs, worse during physical activities
 -5 months later: burning sensation in feet
 -Worsening of his condition during last months, low-grade fever, dry cough, generalized weakness, restricted to his bed, couldn't walk, edema up to knees
 -25kg weight loss during last months

PMH:
None

Meds:
none

Fam Hx:
Lives in Central area of Brazil - works as farmer (exposed to cats, horses, dogs), no travel recently; lives w/ his mum & brother
Health-Related Behaviors:
No alcohol or tobacco

Allergies:

Vitals: T: wnl HR:90 bpm BP100/80 mmHg RR: SpO₂: 95% in RA
Exam:
Gen: awake, alert, oriented x3
HEENT: cervical LAD
CV: wnl **Pulm:** clear to auscultation
Abd: non-tender, mild hepatosplenomegaly
Neuro: decreased sensation to light touch and pain to palpation on both legs, normal reflexes, normal cranial nerve examination, normal coordination, inability to fully flex his fingers due to edema
Extremities/Skin: warm, LE edema, small papules on posterior thighs, arms, legs

Notable Labs & Imaging:
Hematology:
 WBC: 3.6 Hgb:6.5 Plt: 262.000
 Ferritin 702, CRP 5.28, ESR 69
Chemistry:
 Na: K: 3.29 Cl: CO2: BUN: 29.5 Cr:2.2 glucose: 76 Ca 10.6: Phos: Mag: 1.8
 AST: 45 ALT: 26 GGT: 42 Alk-P: 98 Albumin: 2.7 Vit D3: 3
 HbA1c: 5.6; TSH, T4 normal; HepB, HepC neg
Imaging:
 CT abdomen: hepatosplenomegaly; CT chest: normal
 Nerve ultrasound: Hypertrophic neuropathy of ulnar, median, tibial, left peroneal nerves, signs of interneural hyperemia in L ulnar nerve and mild thickening of R peroneal nerve
 ENG: Asymmetric axonal sensory + motor neuropathy; focal conduction velocity slowing and severe impairment in the ulnar nerve in the elbow segment and tibial nerve in the ankle
 BM biopsy: granulomas and positive staining for AFB (formation of bacilla: globi formation is typical for leprosy?)

Final Dx: Lepromatous leprosy

Problem Representation: A 42yM from Brazil w/ B-symptoms in a subacute time course p/w cervical LAD, mild hepatosplenomegaly, LE edema, polyneuropathy and small papules on the extremities.

Teaching Points (Rafa):

- **FEVER + WEIGHT LOSS + NIGHT SWEATS**
 All markers of inflammation
 Ddx: Infection, malignancy (primarily liquid), autoimmune, drugs, endocrinopathies
EDEMA
 Liver (jaundice), venous stasis, medication side effects, kidney, thyroid disease, cardiac causes (heart failure - crackles)
- **PAIN IN THE LIMBS WORSENING WITH PHYSICAL ACTIVITY**
 Cardiovascular system! - do not limit yourself to cardiac causes
 Eg, PAD (in the form of claudication), coarctation of the aorta
Do not forget the neurologic causes!
 Pseudoclaudication (neurogenic etiologies - critical spine stenosis)
 Clues: burning pain
 However, it can be a manifestation of mononeuritis multiplex (vasculitis such as polyarteritis nodosa) - a vascular etiology causing a neurological complication
POLYNEUROPATHY
 Prioritize polyneuropathy - 3 high yield diagnostic tests: Hb1AC, B12 and SPEP
 3 cardinal rules of polyneuropathy (3 "S"): usually Sensory dominant, Symmetric, Slowly-progressive
 -Axonal (length dependent, natural progression
 Legs>>>> Arms. Generally: toxins, metabolic, meds
 -Demyelinating (GBS, CIDP): myelin everywhere
 Also exclude myelopathy: bowel/bladder/reflex disorders
 Pearl: remember that lymphoma and granulomatous diseases can invade the nerves!