



12/10/22 Morning Report with @CPSolvers



Case Presenter: Ellen Tan (@drellentan) Chris Wasco (@ Case Discussants: Ravi Singh (@rav7ks) and Aditya Kesari (@kesariaditya)

CC: 44yM progressive fatigue & dyspnea for 3 weeks

HPI:
Patient reports progressive fatigue, dyspnea for the past 3 weeks. Leg swelling for the past 4 months?. Orthopnea. Abdomen distended. No chest pain, weight loss past 6 months. Other ROS unremarkable

PMH:
Stroke, HTN, Erectile dysfunction, Asthma 1y ago CIDP

Fam Hx:
Father DM

Soc Hx:
Son, Wife
Automobile factory

Health-Related Behaviors:
No tobacco or alcohol

Allergies:

Meds:
Aspirin, Duloxetine IVIG for 2 weeks, Rituximab Albuterol inhaler, Atorvastatin

Vitals: T: HR:77 BP: 128/72 RR:12 SpO₂:94% on 2L nasal cannula

Exam:
Gen: cheactic, temporal wasting, no acute distress
HEENT: JVP, no LAD or thyromegaly
CV: regular, normal S1+S2, no murmur or gallop
Pulm: upper lobes clear, decreased breath sounds at lung bases
Abd: distended, soft, non-tender
Extremities/Skin: normal ROM, no synovitis or swelling, pitting edema to distal thighs, mild pitting edema to arms; altered x3, 3+ dorsiflexion, 5/5 strength, decreased sensation to light touch in his fingers

Notable Labs & Imaging:
Hematology:
WBC: 9 Hgb:15 Plt:444

Chemistry:
Na: 138 K:4.1 Cl:100 CO2:29 BUN:9 Cr:0.8 glucose: Ca:9.1 Phos: Mag:
AST: nl ALT:nl Alk-P:nl T. Bili: 0.3 Albumin: 3.1 TP: 6.5???

High-sensitivity Troponin 33 3 hours later 33
NT Pro BNP 452; INR 1.2

Urine Analysis: Protein 30, Albumin/Krea-Ratio 0.4???

EKG: normal sinus rhythm, low voltage
TTE: EF 65%, no hypertrophy, normal Pulm artery systolic pressure, trace pericardial effusion
SPEP: lambda light chains; IF: lambda light chains; kappa/lambda ratio normal cardiac
MRI: pericardial effusion, no signs of infiltration
Endomyocardial biopsy: no signs for amyloidosis

CT abd, chest: patchy air space dz, trace pericardial effusion, subcutaneous emphysema, hepatosplenomegaly, mediastinal lymph nodes, lytic lesion (lambda light chain)

Bone marrow biopsy: Increased plasma cells 10%, decreased kappa lambda ratio, Testo 30 (low), VEGF level >300

Dx: POEMS

Problem Representation: A 44yM w/ progressive fatigue and subacute dyspnea, CIDP, hepatosplenomegaly, erectile dysfunction, monoclonal gammopathy and lymphadenopathy.

Teaching Points (Debora):

- **Dyspnea** + legs swelling and edema → volume overload, e.g. Congestive heart failure.
- Weight loss: Malignancy, nutritional, cardiac cachexia, liver cirrhosis.
- PMH: HTN, Stroke: Ischemic risk factors, vasculopathy.
- Medication: Inhalers: For pulmonary disease, the patient can be exposure and have an occupational lung disease. IVIG risk for thrombosis
- **Abdominal distension:** solid (organomegaly), liquid (ascites, blood), gas (ileus/bowel obstruction; usually accompanied by N/V)
→ **6 Fs Mnemonic:** fat, fluid, flatus, faeces, filthy tumor, fetus
Do it the abdominal examination looking for: ascites, Tympanic sounds, distended bowels
- Low voltage criteria: Low voltage on the ECG is defined as a **peak-to-peak QRS amplitude of less than 5 millimeters in the limb leads and/or less than 10 millimeters in the precordial leads.**
- Causes:** COPD, obesity, Perical effusion, amyloidosis, Severe hypothyroidism, subcutaneous emphysema
- **Cardiac MRI:** for infiltrative disease like: Sarcoidosis, Amyloidosis and for HCM.
- **POEMS:** Polyneuropathy, Organomegaly, Endocrinopathy and Monoclonal gammopathy. Skin changes.