5/26/23 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Oumaima Outani (@OOutani) Case Discussants: Rabih Geha (@rabihmgeha) and Reza Manesh (@DxRxEDU)

CC: Generalized weakness & Headache

HPI:
37 yo woman w/ 3 day hx of fatigue, weakness, headache preventing her from work. Has been in bed w/ curtains closed.

PMH:
Hodgkins s/p chemo in remission for the past 9 years
Dyslipidemia

Meds:
Atorvastatin PRN
zolpidem

Fam Hx:
MI in father @61

Soc Hx:
Drinks socially
Accountant
No recent travel

Health-Related Behaviors:

Allergies:
NKDA

Vitals: T: 38.7°C **HR:** 126 **BP:** 84/60 **RR:** 18 **SpO2:** 98% on RA
Exam:
Gen: Uncomfortable, somnolent but arousable
CV: Tachycardic, no murmurs
Abd: Soft, mild diffuse tenderness on deep palpation, no HSP masses
Neuro:AAOx3, no FND
Extremities/skin: 1+ LEE, 3 cm ecchymoses on R shin

Notable Labs & Imaging:
Hematology:
WBC: 2 Hgb: 6 MCV 74 Plt: 21 ANC 0.9 Smear: 1 rouleaux & schistocytes
Chemistry:
Na: 131 K: 4 Cl: CO2: BUN: Cr: glucose:
Ca: Phos: Mag:
AST: 54 ALT: 110 Alk-P: wnl T. Bili: wnl Albumin:
PTT 38 , PT 15, INR 1.7, LDH 400, Hapto 100, Parasitic smear negative, Retic 3%, Ferritin wnl,
HIV CMV Adeno negative
Borrelia serology negative, Ehrlichia serology negative
Anaplasma serology +
Imaging:
EKG: wnl, tachy
CXR: wnl
CTH: negative
CTAP: wnl
BMB 4 weeks after within normal limits

Final Dx: Anaplasmosis complicated by DIC

Problem Representation: 37 y/o woman w/ a PMH Hodgkins lymphoma s/p chemo. Presented with hypotension, fever, cytopenias

Teaching Points (@Noah_Nakajima):
Resist the temptation to prematurely localize the symptoms!
POUND mnemonic for migraine: Pulsatile, 4-72 hOurs, Unilateral, Nausea, Disabling.
Hypotension, tachycardia and fever
- Sepsis physiology, manage w/ LR and antibiotics
- Cardiogenic shock? Relapse, radiation?
- History (not focused on the chest) and base rate points towards the first hypothesis.
- Fluid responsiveness test: elevate legs.

RBC out of the vessels: Trauma? Systemic disease?
- Vessel vs hemostasis

Edema:
- Unilateral, clot vs other obstruction.
- Bilateral (possible because of vessel anatomy), reflection of systemic process.

Fever and ecchymoses:
- Shortcut is DIC: Which organisms are associated? Exposure hx?

Pancytopenia: 1) Infiltration; 2) Failure; 3) Peripheral
- Hx and labs point towards malignant infiltration

Pancytopenia + DIC: APML vs tick borne diseases (less likely given labs)
- Hedging our bets: ATRA + doxycycline

Anaplasmosis may not be symptomatic, that is why we have to make sure the patient does not have another systemic process.