



# 6/23/23 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Marino (@marinojrodip) Case Discussants: Prof Reza (@DxRxEdu) and Ravi (@rav7ks)

**CC:** 22-year-old male (African male) presented to the ED with 2 months of weight loss and generalized weakness.

Weight loss of 70 pounds over 2 months.

**HPI:**

Unable to stand by himself due to weakness, denies any fever, chills, chest pain, SOB, palpitations, tingling, rashes, vomiting, diarrhea, or night sweats.

**PMH:**  
Morbid obesity, gastric sleeve surgery 3 months ago

**Fam Hx:** Mother with fibromyalgia, hypothyroidism

**Soc Hx:**

**Health-Related Behaviors:**  
No smoking, no alcohol use

**Meds:** None

**Allergies:** None

**Vitals:** T: 36.5 HR: 50 BP: 105/70 RR: 20 SpO2 96%

**Exam:** Flat affect, depressed

**Gen:** No acute distress

**CV:** Bradycardia, RRR

**Neuro:** Bilateral upper extremity strength of 4/ 5 on both proximal muscle groups, bilateral lower extremity strength 4 /5, sensation intact, hypoactive reflexes, tenderness to palpation diffusely in muscles and bones

**Extremities/skin:** No deformities, limited range of motion due to pain. Pain elicited on passive range of motion

**Notable Labs & Imaging:**

**Hematology:**

CBC: Normal TSH: 1.13 (NR: 0.5-5.0), ESR 4, CRP <8

HIV & COVID negative

Morning cortisol 1.5 (very low), CK 503

UA: trace

Vitamin B12: 660, ferritin: 256, ANA: normal, Folate 3.4 (very low), zinc 97.4 (normal). Vitamin B1: 154 (normal), Vitamin B2: 3 (low), Vitamin C: 7 (very low), Vitamin D: 16 (very low)

**Imaging:**

CT of chest/abdomen/pelvis: Normal

MRI of the cervical spine with/without contrast: Normal

Repeated am cortisol due to lack of abnormal electrolytes - normal.

ACTH stimulation test: Normal.

**Final Dx:** Scurvy and Osteomalacia due to Vitamin D deficiency  
Patient was admitted and placed on multivitamins, vitamin D repletion, strength improved quickly, was put on physical therapy, educated on vitamin usage, and informed regarding follow-up.

**Problem Representation:** 22-year-old male with severe weight loss and generalized body weakness. On PE, there was noted bilateral upper and lower extremity weakness, hypoactive reflexes and decreased vitamin levels on labs. **Final dx:** Scurvy and Osteomalacia due to Vit D deficiency.

**Teaching Points (Sara):**

History

- Approach to young patient: bad genetics, bad luck, risky behavior
- Massive weight loss ddx: malnutrition (psych, GI); hypermetabolic (inflam); c/b nutritional deficiencies
- Common c/o gastric sleeve sx: leakage, bleeding, stenosis, infxn, nutrient deficiencies
- What tissues can cause diffuse body pain? MSK, vessels, nerves

Exam

- Hyporeflexia = PNS = **peripheral nerve**, junction, **muscle**
- Symmetric polyneuropathy: demyelinating vs axonal (toxic-metabolic)
- Bradycardia: athlete’s/young heart, hypothyroidism, BRASH syndrome (less likely)

Labs

- Manifestations of adrenal insufficiency: non-specific abdominal pain, hypoglycemia, extreme fatigue, etc.
- Primary adrenal insufficiency – has some degree of hyponatremia 2/2 mineralocorticoid deficiency
- Next steps: *repeat the test if it doesn’t fit with clinical picture*, visual fields, ACTH stim test
- Multiple nutritional deficiencies may be present, which makes it difficult to identify which deficiency causes symptoms.