



6/20/23 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Ravi (@rav7ks) Case Discussants: Yazmin (@minheredia) and Seyma (@seymss15)

CC: 86 y/o female w/ 1 week of fatigue

HPI: She cleaned her house, took her dog out but felt fatigue in the last few days. She reported that was really difficult to get out of the bed. Fatigue associated with exertion dyspnea, palpitations, abdominal pain. Urine dark in the last past week. No fever, chest pain, no flu symptoms, no bleeding. She did colonoscopy and mammography that were unremarkable.

PMH:
MGUS (no medication)
High blood pressure
Sleep apnea

Meds:
Lisinopril
Amlodipine

Fam Hx:
None

Soc Hx: None

Health-Related Behaviors:
None

Allergies: Denied

Vitals: T: 36.3 HR: 96 BP: 156/77 RR:20 SpO2

Exam:

Gen: No distress

HEENT: No icterus, conjunctival pallor

CV: Regular rate rhythm no murmurs

Pulm: Clean to auscultation, no crackles, wheezing

Abd: Soft, tender splenomegaly

Neuro: normal

Extremities/skin: no rashes

Notable Labs & Imaging:

Hematology:

WBC: 8.28k Hgb:5.3 HTO 17 MCV 129 Plt:178

Chemistry:

Na: 138 K: 5.1 Cl: CO2: BUN: Cr:0.93 glucose:109 Ca:

Phos: Mag:

AST:73 ALT: <9 Alk-P: T. Bili: 5.7 (Direct: 0.6) Albumin:

LDH 847 Haptoglobin <20 Ret% >23

Kappa/lambda ratio 0.22 (<0.26)

Coombs test: positive IgG

Imaging:

EKG:

CXR:

Dx: Warm AIHA secondary to MGUS

Problem Representation: 86y/o F with PMH of MGUS presents with acute dyspnea and abdominal pain. PE was relevant for pallor and tender splenomegaly. Labs revealed haemolytic anemia secondary to IgG

Teaching Points (Ibrahim):

- **Hx:** ask about medical conditions, chronicity (onset (bleeding vs. leukemia vs. hemolysis if acute), associated symptoms (quality of sleep, swelling, chest pain, pinpoint pain, joint pain)

- **Ddx:** anemia, depression, infection, malignancy, autoimmune, uremia, CHF, liver failure, endocrine (e.g. adrenal insufficiency), POEMS

- **dyspnea:** think heart, anemia/acidosis; **palpitations:** arrhythmia, CHF; **dark urine:** rifampicin, myoglobinuria, PNH, hepatic vs post-hepatic, glomerulonephritis; **fatigue:** sleep apnea, Pul. HTN, MGUS

- **Physical:** murmurs, pulse, splenomegaly (congestion, Portal HTN, venous thrombosis, hemolytic anemia, connective tissue disease, infiltrative disease, myeloproliferative disease, CLL, tick-borne infections)

- **Orders:** CBC, viral panel, serum protein electrophoresis, bone marrow biopsy, direct and indirect coombs, peripheral smear, imaging

- **Macrocytic anemia:** megaloblastic (folate, B12, myeloproliferative) vs. non-megaloblastic (liver: NASH); transient aplastic crisis; hemolytic (warm [IgG] vs. cold [IgM] agglutinins [consider w/ plasma cell dyscrasia])

- **Spherocytosis:** IHA → consider autoimmune causes, malignancy, HIV, lupus, HCV, myelodysplasia

- **Manage w/** steroids then rituximab, blood transfusion