10/20/23 Morning Report with @CPSolvers

***"One life, so many dreams" Case Presenter**: Elizabeth Moss* ***Case Discussants**: Rabih (@rabihmgeha) and Reza (@DxRxEdu)*

CC: 50 yo woman presenting to the ED after a syncope event

HPI: she had a left MCA stroke one prior, with right side extremity weakness and aphasia. Regarding this episode, she was outside having ice cream when she suddenly felt and lost consciousness, hitting her head and scratching her arm. She felt hot beforehand. No post ictal confusion. Denied dizziness, palpitations, chest pain or SOB. Denies nausea, vomit or diarrhea before this event. No confusion, disorientation, urine loss or tongue biting. Alert at baseline when arrived in the ED. Never had a syncope event in the past.

PMH:
- Type 2 DM
- HTN

Meds:
-Amlodipine
-Losartana
-Glipizide
-Apixaban

Fam Hx: None

Soc Hx: moved from NC recently, unemployed, lives in an apartment with her new boyfriend, inconsistently uses condoms

Health-Related Behaviors: poor oral intake, 20 years history of smoking, no alcohol, no other drugs

Allergies: amoxicillin - hives

Vitals: T: 37.2 **HR:** 89 **BP:** 138 x 82 **RR:** 16- negative orthostatic

Exam: Gen: NAD

HEENT: Intact extraocular movements, no proptosis or orbital edema, abrasion in left eyebrow, no tongue lacerations

CV: Regular rhythm, 2/6 systolic murmur, no JVD

Pulm: no crackles or wheezes

Abd: soft, non tender, non distender, normal bowel sounds

Neuro: AOx4, mild right side ptosis (baseline), no pupil asymmetry, no facial asymmetry

Extremities/skin: warm and dry, trace pedal edema up to the level of ankles

Notable Labs & Imaging:

Hematology: WBC: wnl Hgb:9.7 (hematocrit 29) Plt: wnl

Chemistry: Na: 131 K: 3.4 Cl: 9.7 BUN: 29 Cr:2.1 (baseline 0.8) glucose:124 LFTs:wnl Total protein: 5.7 Albumin: 2.0 GFR 28 CO2:29 **UA:** 3+ protein, 1+ glucose, 6/10 white blood cells, 3/10 red blood cells, P/C ratio 24.5, total protein 2700, white blood cell cast, hyaline cast

Antibodies: negative, HIV negative, Hep B/C negative, antistreptolysin O negative, reactive RPR 1/2056 **LP:** protein 73, glucose 59, 3 red blood cells, no white blood cells, non-reactive VDRL, no growth on culture

Imaging: EKG: sinus tachycardia

Echocardiogram: concentric hypertrophy of the LV, EJ 60-65% (unchanged from previous)

CT head: no acute infarction or intracranial hemorrhages, chronic decreased flow in the left hemisphere

Head MRI: no acute intracranial abnormalities, encephalomalacia in the left MCA territory

Dx: vasovagal syncope, acute nephrotic syndrome 2/2 membranous nephropathy 2/2 secondary syphilis, CSF not concerning for neurosyphilis, concomitant chlamydia infection

After Dx of syphilis, patient underwent penicillin challenge with no reactions. Treatment was done with one time dose of Penicillin. She was also triaged for other STIs which came back positive for chlamydia, treated with doxycycline. On follow up appointment, Cr was 0.9 and GFR 78. Patient is doing well now.

Problem Representation: 50 yo woman with PMH of stroke presenting with a syncope episode. Further investigation showed nephrotic syndrome and positive RPR.

Teaching Points (Mario):

t-LOC (4S): Syncope, Seizure, Strategic "Stroke" (TIA), Sugar (hypoglycemia)

-> Favours Seizure: Intra event: convulsions, urinary/bowel incontinence Post event: post- ictal confusion, no tongue laceration

Approach to Syncope: COR Cardiogenic, Orthostatic, Neurogenic/ Reflex

-> Neurogenic/ Reflex: Vasovagal vs Situational vs Carotid sinus hypersensitivity

-> Orthostatic (Decrease of SBP 20 mmHg/ DBP 10 mmHg after 1-3-5 min standing up) Hypovolemia vs Dysautonomia

-> Cardiogenic: Pump/ Structural vs Arrhythmogenic

AS (Syncope as presenting symptom in severe AS only 3%) vs HOCM: Murmur in HOCM increased with decreased preload (i.e Valsalva) 2/2 dynamic LVOT

Nephrotic syndrome:

-> *Diagnosis:* N. range proteinuria (> 3.5g/24h), hypoalbuminemia (< 2.5g/dL), peripheral edema +- Hyperlipidemia.

-> *Complications:* **VTE (loss of ATIII, risk proportional to hypoalbuminemia, increased risk in MN and MCD)**, Humoral immunodeficiency.

-> *Etiologies:* Primary (MCD, MN PLA2R+, FSGS) vs Secondary (MCD: HL; MN: HCV, HBV, Syphilis, Malignancies, LN V, Meds; FSGS: SCD, Hyperfiltration, HIVAN, Meds; Monoclonal gammopathies (AL, C3G), DM)

Syphilis: Classic (non treponemal-> treponemal) vs Reverse algorithm. Treponemal remain (+), Non treponemal help in Rx response. Renal disease: transient proteinuria vs nephrotic syndrome vs glomerulonephritis which resolve after Rx.

Hickam's dictum: "a patient may have as many diseases as he pleases"

10//23 Patient-Centered Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (@)* ***Case Discussants****: (@) and (@)*

CC:

HPI:

PMH:

Meds:

Allergies:

Fam Hx:

Soc Hx and Health-Related Behaviors:

Social Determinants of Health (SDOH):

Financial Resource Strain:

Food Insecurity:

Transportation Needs:

Physical Activity:

Stress:

Social Connections:

Intimate Partner Violence:

Housing Stability:

Vitals: T: HR: BP: RR:

Exam:

Gen:

HEENT:

CV:

Pulm:

Abd:

Neuro:

Extremities/skin:

Notable Labs & Imaging:

Hematology:

WBC: Hgb: Plt:

Chemistry:

Na: K: Cl: BUN: Cr: glucose: Ca: Mag:

AST: ALT: Alk-P: Albumin:

GFR

Troponin

Imaging:

EKG:

CXR:

Echocardiogram:

Dx:

Problem Representation:

Clinical Reasoning Teaching Points:

Patient-Centered Care Teaching Points:

10//23 Rafael Medina Subspecialty VMR with @CPSolvers

"One life, so many dreams" Case Presenter: (@) Case Discussants: (@) and (@)

CC: Record

HPI:

PMH:

Meds:

Fam Hx:

Soc Hx:

Health-Related Behaviors:

Allergies:

Vitals: T: HR: BP: RR: SpO2

Exam:

Gen:

HEENT:

CV:

Pulm:

Abd:

Neuro:

Extremities/skin:

Notable Labs & Imaging:

Hematology:

WBC: Hgb: Plt:

Chemistry:

Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag:

AST: ALT: Alk-P: T. Bili: Albumin:

Imaging:

EKG:

CXR:

Problem Representation:

Teaching Points ():