



# 11/24/23 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Promise (@promiseflee) Case Discussants: Rabih (@rabihmgeha) and Reza (@DxRxEdU)

CC: 27 y/o male with possible seizure

**HPI:** Recently diagnosed with HIV, on antiretroviral therapy (ART) Hasn't been feeling well for the past couple of days, weakness in the legs Possible seizure: witnessed, 2 min long (spontan. aborted), did not hit their head, no post-ictal state Intermittent swelling in the neck, groins and armpits, muffled speech, SOB, but able to swallow, no fevers, no loss in appetite, no weight loss, no vomiting, no nausea, no abdominal pain

**PMH:**  
HIV  
CKD (FSGS - HIV related)

**Meds:**  
ART (Bactrim and Biktary stopped)  
Livanumide / dolutegravir & Cotrim (PJP-prophylaxis)

Doesn't miss doses!

**Fam Hx:**  
Unremarkable

**Health-Related Behaviors:**  
No recreational drugs

**Allergies:** None

**Vitals:** T: 97 HR: 101 BP: 117/52 RR: 33 SpO2: 99% on room air  
**Exam:** Gen: Appears uncomfortable, pale  
**HEENT:** muffled voice, dry mucus membrane, no oral lesions  
**CV:** normal  
**Pulm:** clear to auscultation  
**Abd:** soft, non tender, nd  
**Neuro:** normal  
**Extremities/skin:** no edema, pulses bilaterally, LAD (submandibular, axillary, groin), hypopigmented macules over right shin

**Notable Labs & Imaging:**

**Hematology:**  
WBC: 20 Hgb: 3.3 (1mo ago: 9.3) Plt: 19 (1mo ago: 156), MCV 87 RDW 18  
Transfusion-resistant to TKs, Positiv for direct Coombs  
**Chemistry:**  
Na:116 K: 6.9 (repeated 6.3) Cl:86 BUN:118 Cr:8.23 (4-5 baseline) Ca: 7.4 Mag: 2.8 Phos 8.5  
AST: 24 ALT: 12, Alk-P: 650, T-bil: 0.8, D-bili: 0.4 total protein: 6.5 Albumin: 1.5  
SGT: normal, PTT: 26, INR 1.6  
**Imaging:**  
CT neck (non-contrast): cervical LAD, not specific (can't exclude hematologic disease)  
EKG: NSR  
CXR and CT CAP: mediastinum within normal limits, diffuse patchy opacities with pleural effusion,(r>l), posterior right upper lobe airspace changes, GGOs (unclear whether congestive or transudative), hilar, mediastinal, axillary, retroperitoneal LAD, hepatosplenomegaly  
New onset ITP, therapy: IVIG; rapid multi-organ failure, passed away

**Dx:** IRIS associated with multifocal Kaposi sarcoma, potentially aggravated by cytokine release syndrome

**Problem Representation:**

27 y/o male recently diagnosed with HIV, now presenting with diffuse LAD and possible seizure, transfusion-resistant bicytopenia, Coombs-positive hemolytic anemia and rapid multi-organ failure in the context of IRIS-KS

**Teaching Points (Umbish):**

- ★ ART wakes up the immune system>IRIS
- ★ Unmasking IRIS(robust reaction) = eg untreated pt w/ TB now being treated
- ★ High viral load plus very low cd4 count= viral load low, immune system activated= vulnerable to antigens=paradoxical worsening
- ★ Syncope vs Seizure: Syncope can also cause abnormal movts. But they are symmetric. Seizure will have postictal confusion.
- ★ Neck exam, rapid imaging> CT Neck w contrast> pretest probability of space occupying lesion in airway?
- ★ lymph nodes are leading culprits when it come sto enlarged structures in neck> thyroid> salivary glands> congenital cysts> vessels IJ or carotids. HIV inherently lymphotropic
- ★ HIV related opportunistic infections, non-inflammatory pathologies as well (e-g HIV related glomerulopathy in kidneys, rapidly progressive, good prognosis with rx)
- ★ Tenofovir > fanconi syndrome and TIN(end-organ damage)
- ★ Identify the need for biopsy? Which LN? What type of biopsy? FNAC often non diagnostic, excisional biopsy most accurate!
- ★ Muffled voice> CONCERN FOR UPPER AIRWAY OBS.
- ★ Comfortable breathing posture> pt sitting upright> palpable and visible to naked eye? Pt stable or needs airway protection?
- ★ ABCDs> need to secure Airway, need for steroids
- ★ CBC > hemolysis Labs needed to look for MAHA, iron studies
- ★ Severe hyponatremia >check prior Na, serum & Urine Osm> contributors could be CKD vs volume overload vs Tumor lysis
- ★ AKI w/o HTN > tubulointerstitial renal disease
- ★ AIHA > Hematological malignancy > lymphoma, kaposi, castlemans
- ★ Disseminated/Metastatic/Disseminated Kaposi Sarcoma> affects resp. Tract, HIV related
- ★ HIV pt> skin and oral exam!