11/18/23 Morning Report with @CPSolvers

***Case Presenter**: Cleveland Clinic (@CCF_IMCHIEFS) **Case Discussants**: Youssef (SaklawiMD), Austin (RezidentMD) , Hui Ting (@huitingruan) and Noah (@Noah_Nakajima)*

CC: 35 y/o male w/ facial and sacral edema.
HPI: PMH of HTN, never treated, had high bp when he was young.
Review of systems: unintentional weight loss 100 lbs past 8 months, fatigue, was a weight lifter but got SOB when exerted, hx of voice change, feeling of neck swelling, difficulty swallowing.
MSK:bilateral knee pain
G/U: frothy urine, one episode of perineal pain 1 mo ago diagnosed as infectious prostatitis treated with doxycycline but results were negative.
Other systems: no significant findings

PMH: Infectious prostatitis 1 month ago

Meds: Lasix improved symptoms

Soc & Health Hx:Marijuana & tobacco for 18 yrs,1-2 beers/wk, warehouse worker

Allergies: Denied

Vitals: T: afebrile **HR:**100-110s **BP:** 140/90 **RR:**
Exam:
CV: RRR no murmurs or gallops **Pulm:** Clear to auscultation, no wheezes or crackles
Abd: Soft non tender, non- distended **G/U:** Frothy urine **Extremities/skin:** Bilateral knee pain

Notable Labs & Imaging:
Hematology: WBC: 6.3 Hgb:7.5(unclear baseline) normocytic Plt: 247
Eosinophils: elevated 13.5 %

Chemistry: Na:139 K:4.4 Cl: 109 BUN: 47 bicarb:22 AST&ALT: WNL Albumin: 2(L) protein: 5.8 Crp: 0.9 (N) ESR: 85(H) U/A: 3+ hgb, 3+ protein, 0-3 rbcs hpf protein/cr ratio :8 24 hr urine prot: 8g/day

Imaging: Usg: negative for clots
Echo: EF 59% normal LV and RV function and normal size, elevated RVSP 47 (mild pul htn)
CXR: subtle reticular densities (suggestive of ILD)
CT Chest & Abd: multifocal and nodular opacities in lower lungs(suggesting inflammation), thyromegaly secondary to thyroiditis and/or goiter, thymic hyperplasia, otherwise unremarkable
C3/C4 Normal. ANA, ANCA, cryoglobulins: Negative
Neg. anti-dsDna. HIV & Hepatitis panel: negative
TFTs: TSH < 0.01 , T4: 3.2, TSI >40, TPO positive 16.3
Elevated kappa/lambda ratio: 3.06, free light chain 38, IG lambda free chain: 12.7
Electrophoresis: elevated gamma globulinemia, elevated igG, normal igM and IgA, no M spike in SPEP or UPEP.
Kidney biopsy: predominantly membranous pattern, immune complex glomerulonephritis, diffuse tubular basement membrane deposits, plasma cell rich acute interstitial nephritis w/ inc. igG4 positive plasma cells, significantly elevated igG4 levels, igE elevated 76.1.
Dx: IgG4 disease w/ concomitant Grave's disease

Problem Representation: 35 y/o male diffuse anasarca, nephrotic syndrome, w/ GI, Pulm. manifestations and organomegaly, presented w/ elevated kappa lambda

Teaching Points (Francisco):
Generalized Edema (Anasarca): cardiac, liver, kidney, protein losing enteropathy, vascular leak
35 yr + HTN -> secondary cause
Unintentional weight loss + Facial edema: malignancy (mediastinal mass)
Difficulty swallowing, knee pain, weight loss, fatigue, kidney -> autoimmune (scleroderma), vasculitis
Dysphagia: oropharyngeal or esophageal
Eosinophilia: reactive (infection - parasite: strongyloides and filaria,, allergy) and primary (malignant, EGPA)
Eosinophilia + Glomerulonephritis -> Vasculitis
Thyromegaly and Thymic hyperplasia -> systemic infiltrative disease (IgG4 and Histiocytosis)
Monoclonal gammopathy + thyromegaly -> POEMS, malignancy
Systemic organ affection + Increased IgG and elevated ratio -> Light chain deposition disease
Kimura disease: eosinophilia and systemic infiltration
IgG4 disease:
serology (IgG4 and eosinophilia) + symptoms + imaging + tissue
Man and 40 years old common (patient was younger)
Tubulointersticial common (nephrotic syndrome is uncommon)
Thyroiditis common (Graves is uncommon)
Prostatitis (probably not infectious)