



# 11/29/23 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Promise (@promiseflee) Case Discussants: Sharmin (@Sharminzi) and Jack Penner



**CC:** A 19 yo female presenting with **fatigue and myalgia** (more in UE) and **rash** in both LE shin for last 1 week

**HPI:** Noticed **multiple bruises** in shin & thigh b/l, **blood blister** in inner lower lip, recent h/o **heavier menses**-> tampons soaked in less than hour & used many pads, **sharp intermittent abdominal pain** around epigastrium which resolved. Covid negative based on home test.

**ROS:** Recent URTI 1 mth ago, sore throat 2 week ago, generalized fatigue, rash in calves.

**PMH:**  
Asthma,  
GERD,  
recurrent UTI,  
Cholecystectomy

**Meds:** NA

**Fam Hx:** Maternal grandmother skin cancer and MI

**Soc Hx:** Sexually active no contraceptives

**Health-Related Behaviors:**  
Smokes tobacco, no alcohol or IVDU

**Allergies:**

**Vitals:** T: 98.2 HR:91 BP: 118/80 RR:16, SpO2: 100

**Exam:**

**Gen:** well nourished

**HEENT:** multiple flat, red, non-coalescing lesions in the lower lips and palate, no LAD.

**CV & Pulm:** nl

**Abd:** NT, Normal bowel sound, no HSM.

**Pelvic:** blood in vaginal vault, no trauma, no bleeding from cervical os, no cervical motion tenderness

**Extremities/skin:** no edema, non blanching lesion b/l LE dorsal feet shin & calf, ecchymoses of various size b/l UE and LE. no pallor.

**Notable Labs & Imaging:**

**Hematology:**

WBC: 5.6 Hgb:10.8 HCT: 32.7 Plt:2, no baseline available

**Chemistry:**

Na:141 K:4.2 Cl: 108 BUN:8 Cr:0.7 glucose:nl Ca: Mag: AST:nl ALT:nl Alk-P:nl Albumin:nl T. Bili: 0.4

Retic 1.3%, LDH 101 (nl), hapto 127 (nl)

**INR:** 1.1, aPTT 27 (nl)

**EBV, hepatitis panel, HIV:** neg, **UPT:** neg.

**Smear:** thrombocytopenia, no clumping, no schistocytes

**ESR, CRP:** nl.

**Iron:** 21, **Ferritin:** 7, **TIBC** 269

**Dx:** Presumed ITP-> Started on Steroid & IVIG-> Symptoms Improved including bleeding.

**Problem Representation:** 19F presenting with fatigue, rash and abdominal pain. Physical exam revealed ecchymoses and labs showed platelets of 2.

**Teaching Points (Maryana):**

**Young patient + nonspecific symptoms + rash:** viral syndromes - common causes first. Rash characteristics and distribution can help with diagnosis

Signs of petechiae and blisters + abnormal bleeding -> **coagulopathy?** Quantitative or qualitative - platelets or coagulation cascade factors

Problem with the vessel: **inflammation (vasculitis), nutritional deficiencies**

Post-URI + abdominal pain: **IgA vasculitis?**

Young patient w/ PMH of cholecystectomy - hemolysis, familial cholesterol conditions

STI's can have rash associated and should be considered too

Profound thrombocytopenia: immune thrombocytopenia?

**Anemia + thrombocytopenia:**

- 1) MAHA? DIC, TPP - blood smear
- 2) Could this patient have received heparin recently?
- 3) If the previous are negative, think in ITP.

**Secondary ITP:**

- Infections (mono, EBV, mono-like - CMV, HIV), non-respiratory virals, H. pylori
- Autoimmune: SLE
- Malignancy: CML
- Drugs (antibiotic)
- Pregnancy

Different presentations of ITP: ring-enhancing lesion in MRI