02/18/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Dhruv Srinivasachar(@TheRealDSrini) Case Discussants: Alex Smith (@AlexTSmithNY) and Jas Bajwa(@JasBajwa18)

CC: Fatigue, dyspnea and abnormal labs.

HPI: 62 M, fatigue and dyspnea for 1 year. Progressively worsened - bad enough to interfere with job as delivery driver. 2 episodes of epistaxis, bleeding from facial abscess, that popped couple of weeks, that did not stop with pressure dressing. 1 W back, light-headedness and dyspnea. Was seen by PCP - 3 labs were abnormal and was advised to go to ER. No hemoptysis, chest pain, abdominal pain, constipation, diarrhea, blood in stools, mood changes, arthralgias, myalgias.

PMH: HTN

Meds:
Amlodipine
Lisinopril
HCTZ
Trazodone
Triamcinolone

Fam Hx: Multiple members with cancer (breast and pancreatic)

Soc Hx: Lives alone

Health-Related Behaviors: Drinks alcohol (stopped since 6 months), Tobacco use (20 pack years)

Allergies: NA

Vitals: T:98ºF **HR:** 74/min **BP: 146/79 mm Hg RR:** 19/min **; SpO2 -** 95% RA
Exam:
Gen: Pleasant, not in apparent distress
HEENT: Moist mucosa, no erythema or lesions, no pallor/ icterus
CV: Normal rate, regular rhythm ; **Pulm:** Lungs clear to auscultation
Abd: Soft, non tender, non distended, normoactive bowel, no hepatosplenomegaly
Neuro: AOX4 ; CN - intact ; 5/5 strength
Extremities/skin: No edema, clubbing, cyanosis, pulses normal, no palmar crease/ pallor

Notable Labs & Imaging:

Hematology:
WBC: 5.3 Hgb: 4.6 (-> 6.8 *post transfusion*) Plt: 104 ; MCV- 91.2 INR- 1.4

Chemistry:
Na: 140 K: 3.7 Cl: 100 HCO3: 21 BUN: 44; Cr: 3.17 (-> 2.56 *patient received fluids*) (baseline - 1.1) ; glucose: 93; Ca: 15.16 (-> 15 *patient received fluids*) Mag: 1.9 ; PO4- 1.8; ;LDH - normal, haptoglobin - normal, TSAT - low
AST: 18 ALT: 11 Alk-P: 81 Albumin: 3 ; Total protein - 11.1 Total bili - 0.7
PBS: severe normocytic anemia, no hemolysis, mild thrombocytopenia, rouleaux formation
NT pro BNP - 4918 ; beta 2 microglobulin - 22.2 (high)
SPEP: Beta peak ; IgA lambda monoclonal gammopathy ; SFLC > 100

CT: incidental 4 cms pulmonary nodule ; liver - cirrhotic features, lytic lesions in the pelvis (esp left anterior pubic ramus)

Dx: IgA lambda restricted multiple myeloma

Problem Representation: 62 M with PMH of 2 prior episodes of epistaxis and facial abscess, presented with fatigue and dyspnea, that gradually progressed over 1 year.

Teaching Points (Elena):

- Predicting Labs - Bleeding: Coags, platelets, anemia
- Anemia: Heart, lungs, AAA (anemia, anxiety, acidosis)
- MDS: Fatigue, pancytopenia (bleading, fatigue)

- Alcohol disorder: BM, chronic liver disease (TPO, immunocompromised), nutritional deficiencies - cytopenia

- 3 lab abn. (Hb, Cr, Ca): CRAB - BARC → diagnostically: SPEP + immunofixation
- Hyper-Ca (ionised/Albumin corrected value): PTH, immobilisation - severity: osteolysis, paraneoplastic PTHrp (RCC, SCLC)
- Decision to transfuse: consider AKI, Hyperviscosity (spont. epistaxis, AKI, fatigue, dyspnea can all be symptoms of it)

- Bisphosphonate are contraindicated in AKI → Denosumab (CAVE: osteonecrosis of the jaw)

- Staging: R-ISS