03/10/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Vijay Balaji (@vijaybramhan) Case Discussants: Ann Marie Kumfer *(@annkumfer)*

CC: 24 YO F presenting w/ **vomiting** since 1 month and **unintentional weight loss** for **3 months**

HPI: Vomiting started suddenly after a meal (happens *only after solid intake, no nausea, non-projectile, food vomit, no bile, no hematemesis*) lost 15 kgs over 3 months, noticed low-grade fevers

-VE: no chills/rigors, no headache, no motor/sensory weakness, no arthralgia, no rash, no daily variation, no dysphagia

PMH:
In 2020 had chest pain, evaluated for **NSTEMI**, minor CAD on angiography. Also **had complete heart block**. Resolved post medical management, no pacing.

Meds:
On aspirin
Clopidogrel
Atorvastatin

Fam Hx: none

Soc Hx: no travel, no pets, unmarried, lives in India

Health-Related Behaviors: none

Allergies: NKA

Vitals: T: normal HR: normal **BP:** normal **RR:** normal
Exam:
Gen: mild dehydration, unremarkable exam
HEENT: normal
CV: normal pulse
Pulm: normal
Abd: normal, no HSM
Neuro: normal
Extremities/skin: normal

Notable Labs & Imaging:
Hematology:
WBC: 15 (normal differential) Hgb: 12 (MCV 63) Plt: 5.4 (mildly elevated) (increased to 7.3)
Chemistry:
Na: normal K: normal Cl: normal HCO3: nl glucose: nl Ca: nl Mag: nl, GFR
Troponin Uric acid 7.2
LFTs normal (ALK-P 356), Cr 2.3 (baseline nl)
Urea 47 normal UA
HIV, CMV, VDRL: nl, Tuberculin skin nl
Ca 14 (HIGH) (intact PTH) 1,25 Vitamin D nl cortisol nl no paraproteinemia (kappa/lmbda .74)
Imaging:
EKG: **LBBB**
Echocardiogram: **EF 45%, mild akinesis of anterior wall**
US abdomen: nl
CT CAT: **multiple miliary nodules in b/l lung fields**
Upper GI endoscopy: **schatzki ring and hiatal hernia**
Bronchoscopy **nl (biopsy revealed diagnosis: multiple non-caseating granulomas)**

Dx: Sarcoidosis

Problem Representation: 24 y/o F w/ hx of presumed 3rd degree heart block, p/w weight loss & low grade fevers for 3 months and non-bilious, postprandial vomiting for 1 month, labs revealing hypercalcemia and new onset renal dysfunction, imaging revealing bilateral miliary pulmonary nodules.

Teaching Points (Parisa):
Young patient "bad gene, bad luck, risky behavior".
No missed diagnosis in young female => pregnancy.
Weight loss alarm symptom.
Vomiting **COG**: central **CNS** process(associate morning) /**GI** tract (inflammation obstruction hypersensitivity allergic impulse) **psychological** process/ malignancy/ **GU** causes/ **toxin** related/ **Endocrinopathies**.
Vomiting post-prandial w/o dysphagia => **obstructive** ideology(solid picture, partial obstruction) in esophagus lower + upper duodenum eosinophilic esophagitis / **mobility problem** gastric emptying achalasia / **gastroparesis** (nausea)
Tests=> CT abdomen pelvis/EGD/gastric emptying studies/esophageal manometry
Complete heart block => **infiltration** (sarcoidosis, amyloidosis(pericardium,endocardium,coronary artery) **infection**(TB [sputum AFB], Melioidosis, Lyme, Toxo, syphilis) **AI** (SLE, vasculitis)
Plt elevation => chronic inflammatory process/ iron deficiency
ALkp elevation => bone, biliary, pregnancy
LBBB =>conduction system is affected cardiac MRI and CT w/ contrast
Miliary nodules => strongly TB, endemic fungi, nocardia, amyloidosis, malignancy lymphoma, mets .
Before initiating immunosuppression, it is crucial to differentiate between sarcoidosis, which is a diagnosis of exclusion, and other infectious causes, as sarcoidosis needs a higher dose of steroids.
CD4/CD8 ratio is a parameter used to evaluate the cellular composition of bronchoalveolar lavage (BAL) fluid => sarcoidosis > 3.5 and TB <1