02/28/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter:Abeer(@AbeerAlmusleh98) Case Discussants: Sharmin(@Sharminzi) and Jack

CC: A 34 y/o male presented with calf pain for past 4 days ago.
HPI: Previously in well state. Had sore throat, treated for strep throat w/ amoxiclav. Fever resolved but developed crampy muscle pain in b/l calf.
Difficulty walking especially while climbing stairs, only a few steps.
Neurological exam revealed nothing significant. Provisional dx of post viral or drug induced myositis was made.
Discharged w/ analgesics. Worse leg pain that did not go away w meds. (Muscol, Panadol)

ROS: Denied SOB, chest pain, abdominal pain, diarrhea, or change in urine color.

PMH:

NA

Meds:
Amoxicillin and Clavulanic acid

Fam Hx:

Soc Hx:

Health-Related Behaviors: Smoking (16 years)

Allergies:

Vitals: Stable
Gen, HEENT, CV, Pulm, Abd: wnl
Neuro: A&Ox3
Extremities/skin: No redness, swelling dvt. Has gastrocnemius pain bilaterally 5/5 , sensation intact.

Notable Labs & Imaging:
Hematology:
WBC: 10.7 (Neutrophil predominant) Plt:600k (inc from 411), CRP: 8.9
CPK: 33 (59 before)
Chemistry:wnl
CMP: wnl AST, ALT: slightly elevated
UA: wnl
RF, Anti ccp, Haptoglobin, TSH:normal
EBV: Higher titer IgG, EBV VCA IgM: Borderline PCR: Neg
Ceruloplasmin, low IgG: 600, other Igs normal.
Leptospira & other viral: Neg
ANCA, Anti-Smith, Anti-Jo, ANA, Anti dsDNA: Neg
Imaging:
CT Chest: pulmonary nodules up to 3 mm in the upper right lobe, LAP in the left armpit measuring 1.1 cm.
CTAP: 2 retroperitoneal LN (2.5cm - necrotic center, surrounded by fatty tissue) & Inguinal LN (1cm).
Calf MRI: Patchy hyperintense T2 signaling- consistent w/ myositis.
HIV, HTLV 1:neg; IGRA: negative
Retroperitoneal LN Biopsy: Perinephric abscess, LAP adjacent to kidney.
Polygonal cells arranged in small nests.
IHC: Positive synaptophysin, chromogranin, GATA3. Neg for SF1, PAX8, SOX10.

Dx: Paraganglioma (Neuroendocrine tumor) -> Transition of care to surgical team.

Problem Representation: 34 y/o M w/ Hx of sore throat tx'd w/ Amoklavin a week ago, p/w calf pain for the past 4 days. Platelets, LFTs, CRP slightly elevated. CTAP and CT chest shows LAP.

Teaching Points (Kuchal):
1.(i) Acute onset of Calf Pain: (a) Vascular: compromised arterial, or venous flow obstructed, DVT, anatomical issue. (APLS) (b) Myositis, © Skin issue: painful rashes, (d) Local: Compartment issue.(ii) Is this Vasculitis or Myalgia associated with infection?or due to the antibiotics like Fluoroquinolones induced tendinitis, Myositis (though not usually used for sore throat). Bilateral in nature. Quality of pain: r/o Neuropathy.
2. Elevated Plt: reactive? Due to infections, Trauma. Increased AST/ALT: can also be due to Muscle involvement. : To do imaging like Vascular doppler, MRI, Biopsy to help in Dx. Also Throat swab. - Not typical for Strep infection, but EBV +Rx for it can cause BL leg pain, Autoimmune phenomenon. Eg. Hemolytic anemia. Vasculitis
3. Viral Studies: Active PCR to be +ve for active infection. IgG: only indicates past infection, not current infection.
4. Diffuse Lymphadenopathy (+Thrombocytosis), Pulmonary nodules - ?Malignancy, ? Vasculitis (GPA), ? kikuchi Fujimoto (Lymphadenopathy, fever and Leukopenia), ?Infections - To do ANCA serology, Antibodies specific/ Associated With Myositis to be done. Lymph node, Muscle Biopsy (if its Necrotising inflammatory- requires aggressive treatment, and to do Anti HMG CoA Antibodies.
5. Positive Chromogranin/ Synaptophysin - Paraganglioma, Neuroendocrine Tumor.