



7/31/24 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Samer Salem (@SamerSalem18) Case Discussants: Sharmin (@Sharminzi) and Reza (@DxRxEdu)

CC: Flank pain and hematuria for 2 weeks

HPI: 32 yo female presenting with Right flank pain and hematuria to the clinic with for the past 2 weeks, there is a language barrier, pain is constant occasionally becomes sharp. Hematuria is intermittent, no fever, no N/V, no recent trauma, no changes in diet/fluid intake.

PMH: Epilepsy well controlled

Meds: valproic acid twice daily 500 mg

Fam Hx: non contributory Parents healthy Brother healthy

Soc Hx:

Health-Related Behaviors: No smoking Alcohol socially

Allergies: NKDA

Vitals: T: 36.8 HR: 78 BP: 135/ 80 RR: 16 O2 sat 98% RA

Exam:

Gen: no acute distress

CV: normal S1/S2; no M/R/G

Pulm: CTAB, no wheezing no crackles

Abd: soft, non tender, mild tenderness R flank, no rebound/ guarding/ no masses palpated.

Neuro: no focal deficits, alert and oriented

Extremities/skin: hypopigmented spot on trunk/extremities; multiple flesh colored papules on face, thickened right slightly elevated patch on lower back with texture similar to on orange peel

Notable Labs & Imaging:

Hematology:

WBC: 6.5; Hgb: 14; RBC 4.2; HCT 37%; Plt: 250

Chemistry:

Na: K: Cl: HCO3: BUN: Cr: 1.1 (bl 0.9)

AST: nl ALT: nl Alk-P: nl Albumin: nl

GFR nl Troponin nl

UA: RBC 20-50 /HPF; WBC 4/HPF; epithelial cell 1-2; no casts; no bacteria ; no crystals

Imaging:

Abdominal US: multiple bl renal angiomyolipomas, 4 cm mass in R kidney w/ hemorrhage

CT AP: confirmed mass, no additional abnormalities found.

Dx: Renal angiomyolipomas in the context of tuberous sclerosis

Problem Representation: 32 F PMH of seizure, p/w R flank pain and hematuria for 2 weeks, found to have multiple skin lesion on face, trunk and extremities and mass in R kidney.

Teaching Points (Maryana):

- 2 weeks - **subacute nature**
- Flank pain -> abdominal pain? (pain in older people not always correlate with the location of the disease)
- Flank pain: stones, retroperitoneal diseases, kidneys, musculoskeletal issues
- Hematuria: gross x macroscopic hematuria -> GROSS in this case- important to **clarify** if it is not **vaginal bleeding**
- Urethra, bladder, prostate, kidneys - where the lesion is? Upper x lower genitourinary issue - flank pain is more characteristic of upper
- > **Bleeding anywhere** - what is the platelet count, PT and PTT - **rule out coagulopathy and benign causes of bleeding**
- Episodic hematuria -> intermittent nature
- **Hypopigmented spots (ash leaf spots) + Multiple flesh colored papules**
- > **Tuberous Sclerosis complex - especially considering the hypothesis of kidney tumor + CNS tumor causing epilepsy**
- Reassuring vital signs and labs (stable Hb) -it does not make us think in acute bleeding - the process is not hyperacute and do not need emergent management and intervention.
- Hematuria: importance of the UA to assess for important causes such as glomerulonephritis
- Language barrier: importance to assess and to differentiate from cognitive issues, which can be present in TSC
- Normal Hb: paraneoplastic syndrome normalizing the Hb
- What are the masses in the kidneys? **Kidneys + brain + skin** -> pointing out to TSC
- Treatment: monitor the renal angiomyolipomas - risk of RCC
- Angiomyolipomas: high risk of bleeding and hemorrhagic shock