8/1/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Patricia (@) Case Discussants:Rabih (@rabihmgeha) and Mark (@Mark_Heslin)

CC: 39 yoM p/w **painful mucosal necrotic lesion** 10 days ago flu-like symptoms, fatigue, nausea, body ache

HPI:
5 days ago w/ presumed diagnosis of Covid 19, received **steroids + clindamycin w/o improvement** received mouse-wash for suspected candidosis w/o alleviation of symptoms, **difficulties swallowing** , **penile non-painful ulcer w/white discharge + eye discharge**

PMH: no HT, DMII

Meds: acute: steroids + clindamycin acyclovir

Fam Hx: non contributory

Soc Hx: no travel history, 2 dogs, high school teacher

Health-Related Behaviors: non-smoker, no sick contacts, w/o changing sexual partners

Allergies: no

Vitals: T: 39.8 HR: 114 BP: 113/79 **RR:** setting well on RA
Exam:
Gen: toxic appearing
HEENT: bilateral **conjunctivitis**, no itching, no photophobia, multiple white spots on oral mucosa and upper+lower lips
CV: tachycardia
Pulm: heavy **cough**
Neuro:
Extremities/skin: warm dry; no skin ulcer, one ulcer on penile shaft

Notable Labs & Imaging:

Hematology:
WBC:12.6 Hgb: 13.9 MHV 86.4 Plt: 323

Chemistry:
Na:133 K: 3.9 BUN: 27 Cr: 2.1 AST: wnl ALT: wnl Alk-P: 217 Albumin: crp 285. ESR elevated
Serology HIV neg, adenovirus neg, chlamydia neg neisseria neg
UA normal
Imaging:
EKG:
CXR: normal
Echocardiogram:

Dx: Behcet's disease

Problem Representation: 39yo m patient p/w an acute systemic viral like symptoms w/oral and penile non-painful ulcer, fever and cough showing rapid improvement after steroid treatment. Laboratory findings include AKI, elevated CrP, ESR and Alk-P.

Teaching Points (Yuki):
Common oral ulcers: Aphthous; HSV
No miss diagnosis: Drug reactions; steven Johnson.
Time course (longer AI), frequency, flu -like symptoms→ red flag
Management: considering pain; IV fluid therapy (a lot of Skin involvement-> a lot of loss of fluid)
Look other parts of body for regions
Worsen with steroids: fungal (mucor, aspergillosis)
Oral ulcers + penile ulcers → mucosal involvements (drug reaction; Autoimmune Behcet/IBD)
Pineal discharge: STI ROS questions
Genital Ulcers: Painful (HSV; chancroid); Painless (Syphilis; LGV)
Differentiating Mucosal vs mucocutaneous → detailed skin exam
Toxic patient with high infectious suspicious: start Vanco;
TEST: kidney (UA); liver(basic lab); CBC; Lung (CXR, CT), STI, mucosal/skin/ulcer culture
High fever no localising: Virals (COVID; Inf (manageable)Mononucleosis (HIV, CMV,EBV) Measles;rare but deadly (leukopenia, trombocytopeni) vs non viral(Atypical bac: legionella; mycoplasma→ erythema multiforme mimickers SJS; rickettsia)
Mycoplasma: common for extrapulmonary manifestations: Cold AIHA
TSS nasal packing tampon→ rash; MRSA accompanied rash
Other organ involvement w/ toxic presentation→ sepsis
Acyclovir→ watch for Crystal tubulopathy prevent with IV fluid
Better with steroid → autoimmune condition→ autoimmune workup
PMR gets better soon after steroid
Fixed drug eruption(FDE): recurrent skin reaction at same site
MISA: heart involvement, GI involvement
Behcet: oral ulcers high prevalence; penile ulcers 75%; demographic; frequency of ulcers