08/14/24 Morning Report with @CPSolvers

*"One life, so many dreams" **Case Presenter**: Maddy(@MadellenaC) **Case Discussants**: Yazmin(@minheredia) and Sharmin(@Sharminzi)*

CC: 78yo F presented to the ED for burning with urination for 3d

HPI: dysuria + generalized malaise + nausea + poor PO intake, brought to the ED by her daughter
No fever or chills, No vomiting
No hematuria No vaginal discharge or dryness
No cough No Shortness of breath
No history of recent falls

PMH:
T2D (A1C 6.6)
Previous UTIs (ESBL)
Dementia
HTN
Recently diagnosis of marginal zone lymphoma (1 month ago: wl, fatigue, soft tissue lesions, LN biopsy)
No Tx yet (concerns about progression (repeat biopsy morning prior)
Meds:
Lisinopril
Empagliflozin
Dapagliflozin
Metformin

Fam Hx:
Nil

Soc Hx:
At home by herself in Colorado
5 children (spending the night w/ her)
No recent travel

Health-Related Behaviors:
No tobacco, alcohol use

Allergies:
No allergies

Vitals: T: 36.7 **HR:** 75 **BP** 135/57(one episode of 91/60 fixed after fluids)
RR: satting well
Exam:
Gen: Not in acute distress
HEENT: Nl
CV: Nl **Pulm:** nl
Abd: Suprapubic tenderness as well as in left flank (same site as the biopsy)
Neuro: nl
Extremities/skin: nl

Notable Labs & Imaging:
Hematology:
WBC: 5 Hgb: 13 Plt: 172k

Chemistry: Normal; Lactate 1.2
Cr: at baseline 1.1
LFTs normal

UA: pyuria/50-100 WBC, nitrite positive, 1+ RBCs, negative ketones, no protein
No blood, rare squamous cells and no bacteria
Started on **ceftriaxone**, fluids, UA culture w/ E.coli 100k colonies
More frequent UTIs after empagliflozin started
Resistogram: pan sensitive, continued on ceftriaxone
Head imaging clear of metastasis
Repeat biopsy did not show disease progression

Dx: UTI -> uncomplicated cystitis, admitted with concern for potential pyelonephritis based on the hypotension episode but everything resolved without complication

Problem Representation: A 78 years old female with PMH of type 2 diabetes, marginal zone lymphoma on dapagliflozin and empagliflozin presented with burning micturition and pyuria on urinalysis.

Teaching Points (Anmolpreet):
I] Burning micturition: rule out 1.UTI (more common in women because of shorter urethra) 2. Vaginal dryness. Evaluate systemic signs (fever). PMH would be important to check if there has been recurrent episodes of UTI. Evaluating other LUTS would be important too to check for elderly urinary problems.s
II] Recurrent UTI: risk factors :- 1. of immunosuppression 2/2 lymphoma, DM are present. 2. Empagliflozin/ Dapagliflozin increases the risk of UTIs more specifically fungal infections.
III] In an elderly postmenopausal woman, vaginal estrogen can help in case of recurrent UTIs!
IV] Treatment: can trend old UAs, antibiotics therapy→ urine culture→ tailor!
V] NEJM case: one patient (woman) who had recurrent UTI, the cause was found to be vitamin A deficiency.
VI] BPH can be a cause of recurrent UTI in males. A fistula opening into urinary tract can also be a cause eg: a colovesical fistula.
VII] Any lesion on labia can cause burning on urination, so groin cellulitis is a differential as well.
VIII] Uncomplicated UTI : shorter course of antibiotics.