9/18/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: *Sheri Walls (@)* ***Case Discussants***: *Sharmin (@Sharminzi) and* Anmolpreet *(@anugrewal19)*

CC: 23 yrs M with acute left sided chest pain radiating to the left arm

HPI:
The pain started when he was at work , not exercising , the pain was not relieved by rest. The chest pain was estimated at 8-9 ,relieved when he sit up, and worsened when lying down.
Went to Urgent Care 4 days before presentation for sore throat, fever and was diagnosed with sinusitis .
No other medication

PMH:

Meds: Augmentin

Fam Hx: sister with MVP

Soc Hx:
Never smoke, no recreational substance use

Health-Related Behaviors:

Allergies:

Vitals: T:99 HR: 89 **BP:125/86 RR:** 17 spo2: 98
Exam:
Gen: Uncomfortable, nervous, no respiratory distress
HEENT: clear, moist , no abnormalities
CV: normal sinus rhythm
Pulm: normal lungs sounds
Abd: non tender, non distended
Neuro:
Extremities/skin:

Notable Labs & Imaging:
Hematology:
WBC: 12 Hgb:13 hct 39, MCV: 32 Plt:194

Chemistry:
Na:134 K: 4 Cl: 99 HCO3:28 BUN:29 Cr: 0.9 glucose:1.09 Ca: Mag:
AST: ALT: Alk-P: Albumin: CRP: 56.6 , BNP 24 ,
viral panel neg
Troponin: 1809> 4k
Patient was placed on telemetry ,which was unremarkable

Imaging:
EKG:normal sinus rhythm, no ST changes
CXR: nl
Echocardiogram: EF 51% , with pericardial effusion without tamponade
MRI: myocarditis

Dx: Post viral Myocarditis

Problem Representation: A 23-year-old male presents with acute left-sided chest pain radiating to the left arm, pleuritic in nature, and elevated troponin and CRP levels. His past medical history includes a recent viral syndrome. Cardiac MRI confirmed myocarditis with an ejection fraction of 51%.

Teaching Points(Hee)::
Don't miss Dx in CP: 4+2+2 framework – 4 cardiac (ACS, takotsubo, tamponade, dissection), 2 pulmonary (PE, pneumothorax), 2 esophageal (impaction, perforation). 1st pass: ECG, CXR, cardiac biomarkers.Lipid panel

Young male c/o acute L-sided CP; vasospasm (cocaine use), (-) FHx familial hyperlipidemia, costochondritis, trauma, pleuritis, pneumonia, pericarditis (viral URI).

FMH: sister w/ MVP, normal PE and VS, no hypoxemia, R/O GI, pneumothorax, // substance use(cocaine), STI ; prodromal viral illness(look for sore throat), pericarditis/myocarditis(look for cardiac tamponade, pericardial effusion- echo),possible pharyngitis with septic thrombophlebitis, septic pulmonary emboli, or mediastinitis

Lab: Rapid troponin rise and high CRP Myocarditis(Steady troponin increase), ACS, Takotsubo cardiomyopathy (stress-induced)-> ECG /consult Cardio

Cardiac MRI revealed myocarditis with ejection fraction 51%

Evaluating chest pain with a focus on systemic impact and assessing risk factors for proper management and correction.