

# 11/29/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Matthew Ho(@atthewHoMD) Case Discussants: Rabih (@rabihmgeha) and Reza (@DxRxEdU)

**CC:** 74 yr gentleman  
**Sudden fatigue** x 1 day  
**Painless non-pruritic purpuric rash** affecting 4 limbs  
 Was golfing 1 day prior to onset of symptoms

**HPI:**  
 Rash progressed during hospitalisation  
 Dry gangrene in Right LE  
 Progression of gangrene despite antiplatelet, heparin → Amputation  
 Underwent plasmapheresis, Daratumumab

**PMH:**  
 ET(CALR+ve)  
 hydroxyurea 500mg  
 Stable CAD aspirin  
 81, rozuva 10  
 PMR on Prednisone  
 10mg OD  
 Aspirin

**Meds:**



**Vitals:** T: BP: 146/85 RR: 23 Sat: HR  
**Exam:** Gen:  
**MSK:** non-palpable blanchable Feet and tip of nose

## Notable Labs & Imaging:

### Hematology:

WBC:3500 Hgb: 11.1 Plt:293k(Baseline 570) MCV:101  
 ESR 59

BMA: Post ET fibrosis. No elevated blasts. Reticulin 2+  
 ANA, ANCA, Complement, HIV/HbsAg/HCV- negative  
 SPEP, IFE: IgG kappa M spike (1.7 Kappa/Lambda)

### Chemistry

BMP: WNL

PS: 1-2 schistocytes/HPF, occasional elliptocytes.

Rouleaux(+) No agglutination

Hapto 139(N) PT 16.3(Inc) pTT(N), fibrinogen 262(N), D-dimer 11.9

Blood cultures(Bacterial fungal) negative

**Skin biopsy:** Occlusive thrombotic vasculopathy  
 Hypercoagulable: ATIII, Factor V, Pro2010 negative  
 MPN testing CALR2 positive, MPL & JAK negative  
 Serum Cryoglobulin: negative, repeat positive  
 Dermat: Consistent with Type 1 cryoglobulinemia

### Imaging:

Left distal popliteal A extending to tibial A occlusion

**Dx Type 1 Cryoglobulinemia**



## Problem Representation:

74 yo M presents with acute onset fatigue and ecchymosis found to have skin-limited microthrombotic angiopathy

## Teaching Points (Gerardo):

**Essential thrombocythemia:** myeloproliferative neoplasm, pure platelet disorder (high platelets and excess megakaryocytes in bone marrow).

**Polymyalgia rheumatica:** seronegative pain syndrome

**Fatigue:** exertional fatigue vs fatigue at rest

**Purpuric rash:** palpable → engorgement of vessel wall (vasculitis)  
 VS non-palpable → purpuric rash: empty vessel (vasculopathy).

**Vasculitis:** immune complex mediated vs not

**Vasculopathy without inflammation:** amyloid, scurvy

**Essential thrombocythemia** can consume VWF and cause coagulation problems

**Schistocytes:** microangiopathic hemolytic anemia (DIC, TTP, HUS, APLS, HELLP, etc)

**Tear drop cells:** associated with infiltration of the bone marrow

**Hypercoagulability:** underlying malignancy VS autoimmune disease (APLS, Lupus) VS infections (meningococemia)

**Hyperacute skin-restricted hypercoagulability syndrome:** APLS, type 1 cryoglobulinemia (+ paraprotein), cryofibrinogenemia, cold agglutinin disease, crystalglobulinemia (+ paraprotein)

**Vasculitis in cryoglobulinemia:** type 2 > type 1