



# 11/24/24 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Sawsan (@sawsan\_Hs) Case Discussants: Maddy(@MadellenaC), Noah(@Noah\_Nakajima)

**CC:** 22 Y/O female presenting with severe body ache to the ED

**HPI:** began 3 weeks ago ; started at back; extended to chest and pelvic girdle; severity rating 8/10; mildly relieved by NSAIDs; tramadol moderat relieved the pain; affected daily living and ambulation as movement exacerbated pain; interfere with patients' breathing. The condition significantly impacted her daily activities; leaving her unable to stand or walk due to the intensity of pain.

**ROS** feeling tired; respiratory sx presents; no fever;chills; no travel history; no tingling; no neurological weakness; no numbness; no sick contacts no sx sore throat cough.

**PMH:** not remarkable

**Meds:**

**Fam Hx:**

**Soc Hx:**

**Health-Related Behaviors:**

**Allergies:**

**Vitals:** T: wnl BP: wnl RR: wnl Sat: wnl HR 98

**Exam:** Gen:

**HEENT:** no palpable LAD; mild pallor

**CV:** normal

**Pulm:** no sign of pleuritic pain; shallow breathing on exam!

**Abd:** mild hepatosplenomegaly

**Neuro:** no sign of weakness or neurological weakness; normal strength

**MSK:** no swollen; no inflamed joint; point tenderness on sacroiliac joint;

**Notable Labs & Imaging:**

**Hematology:**  
WBC: 2.1 Hgb: 5 Plt: 113 Hct: MCV:

**Chemistry**  
Chemistry wnl  
CRP 100; ESR 45; LDH 415; Bili normal; ALP normal; mild transaminitis<100;  
Hepatitis CMV EBV brucellosis pending  
ANA neg  
B12 level normal CK normal

**Imaging:**  
CT abdomen chest: hepatosplenomegaly otherwise unremarkable

**PBS** first suspicious feature for leukemia  
**Repeat PBS:** 20% circulating blast polychromasia; poikilocytosis; mature neutrophils; rare giant platelets

Bone marrow Bx: confirmed precursor B-cell ALL

**Dx B-Cell ALL**

**Problem Representation:** 22 female no known PMH, p/w generalized body pain, found to have pallor and hepatosplenomegaly on exam, on lab she found to have pancytopenia and elevated LDH, ESR, CRP.

**Teaching Points(Rahul):**

Severe body aches: viral-flu, nonspecific myalgia vs myopathy vs myositis

Young patients: Immunocompromised vs behaviors like sexual history, drug use, genetic component.

**Onion peeling approach** from superficial-deep anatomical structures.

Non specific low back pain: supportive care, muscle relaxants.

Red flags: Affecting her mobility, breathing is more concerning.

**Back pain extending to respiratory muscles, pelvic girdle is unusual. Any presence of rash.**

Any pelvic girdle myopathy like: Limb girdle muscular dystrophy Thorough MSK & neuro exam(power) is essential. EMG, CPK would help.

**HSM:** Storage diseases, portal HTN(water), Leukemia(WBC), Lymphoma, Granulomas-sarcoidosis, Histo, TB.

Sacroiliac X ray, CBC, ESR, CRP, CPK, reti count, HLA B27

More cell lines affected- bone marrow issue.

**Pancytopenia:** viral- EBV HIV,alcohol, infiltration, fibrosis, nutritional like B12, folate, copper. Peripheral smear, Vit B12 levels, LDH, bone marrow biopsy is definite.

**Persistent pain:** Ischemia in muscles, ischemia in marrow- supply/ demand mismatch, small fiber neuropathy, fibromyalgia. Leukemia also presents as bone pain(case reports)