



11/04/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Dr. Dan Mathew (@) Case Discussants: Dr. Dimitri Cassimatis (@) and Dr. Payton Hanson (@paytonhanson_)



CC: 60F presenting with **fatigue, facial swelling and loss of appetite** for 3 months

HPI: Did not have regular healthcare follow up for few years.

First noted **watery eyes, facial swelling and fatigue** 3 months ago.

Developed **loss of appetite and epigastric pain** 1 month later, started on clindamycin + PPI without improvement.

Developed **facial rash**, treated with steroids without improvement.

ROS: no fever, cough, joint pain, no rashes apart from the facial rash.

Vitals: T: 37°C HR: 99 BP: 100/69 RR: 18 97% RA

Exam: Gen: fatigued. No acute distress.

HEENT: poor oral dentition. Partially visible right molar root.

CV: RRR. nl S1 and S2. No murmurs, rubs or gallops.

Pulm: Clear. No crackles or wheezes.

Abd: soft, no tenderness.

Neuro: AOx4. no deficits.

Extremities/skin: **erythema on bilateral cheek only.** DP & PT pulses felt bilaterally.

Notable Labs & Imaging:

Hematology: WBC: 6 Hgb: 13.7 Plt: 181

Chemistry:

Na: 135 K: 3.8 Cl: 102 HCO3: 27 BUN: 12 Cr: 0.81

AST: 26 ALT: 12 Alk-P: 43 T. Bili 0.6

Troponin: 54 -> 57 BNP: 148, Lipase 194, TSH 2.88

UA 100+ protein. Urine albumin:Creatinine ratio 583

Infectious work up: Respiratory viral panel, HBc Ag, HBsAg, HBsAb, HepC, HIV, Quantiferon gold, pericardial fluid AFB and cultures all negative

Autoimmune workup: Complements (C3, C4) low, ANA 1:2560 speckled, RNP IgG > 8.0; Chromatin IgG > 8, Smith IgG > 8, Total serum IgG >2k, serum IgA 334, serum IgM 258

Free Kappa 97.6, Free Lambda 63.4, Kappa:lambda ratio 1.54

Imaging: EKG: no abnormalities

CTPE: no PE. **large pericardial effusion**, low density indicating proteinaceous or cellular fluid. **Moderate left pleural effusion.**

Pericardiocentesis drained **400cc of serous fluid.**

Echo (obtained after CTPE): 55-60% LVEF. Normal function w/o abnormalities. Rt atrial Pressure 3 mm Hg

Dx: **SLE**

Problem Representation: 60F with PMH of MI 3 years ago presenting with fatigue, facial swelling, facial rash, epigastric pain and loss of appetite, found to have a large pericardial effusion.

Teaching Points (@maryanamribeiro):

PMH of MI w/ nonspecific symptoms: fatigue vs SOB

Facial swelling: allergic reaction vs venous compression (localized) vs edema (d/t HF)- time course is important

Ddx: Clots on the leads of pacemaker -> SVC syndrome causing facial swelling

PMH of MI -> HF -> worsening HFrEF presenting with SOB

Abdominal pain: first clue of **overload state - difficulty to be recognized as a cardiology symptom!**

Left sided HF: SOB, orthopnea, paroxysmal dyspnea, PE, elevated BNP **Right sided HF: abdominal pain, facial swelling, LE edema**

Red flags: episode of MI with no F/U: HFrEF. Ddx: rheumatology, vasculitis - the fact that she did not get better with corticosteroids speak against rheum causes - association of both?

Why ICD? Usually six weeks after MI - how many leads? Clarify

MI: vasospasm with no treatment can lead to HF too

Epidemiology - Patient from Guatemala: infectious: Chagas (leading to HF)/TB (affects pericardium) vs **congenital heart diseases** that may not be diagnosed in other countries and present during adulthood with severe problems (Eisenmenger syndrome) or non treated pharyngitis w/ consequent rheumatic fever and mitral stenosis

ECG voltage: severe MI years ago x conduction system (normal PR, QRS)

Echo: chamber sizes, biventricular valve function, dilated chamber gives a clue that this is going on for some time, systolic function

For future cardiologists: look at echo the images!

Profound proteinuria (underlying cause?) -> hypercoagulability -> PE?

Pericardial effusion: cytology, culture. If it's seen in the CT, it will also be seen in echo -> TB (could also be causing proteinuria) - Troponin mildly elevated - mild pericarditis? -> Rule out TB is mandatory in this case.

PMH: MI 3 years ago due to **coronary vasospasm.**

Developed **sustained VT** requiring **ICD.**

Laparoscopic cholecystectomy 40 years ago.

Meds: none

Fam Hx: sister passed away from uterine cancer.

Soc Hx: immigrant from Guatemala.

Married with 4 adult children. Active around her house.

Health-Related Behaviors:

1 alcoholic drink/month, no smoking or drugs

Allergies: -