01/05/25 Morning Report with @CPSolvers

*"One life, so many dreams" **Case Presenter**: Youssef () **Case Discussants**: Lea(@), Elena (@)*

CC: 40 yo M admitted for chest pain and AKI

HPI:
For the past few days he has been having headaches and intermittent blurry vision, chest pain at the center of his chest. Reported that he is urinating a lot. Takes creatine as supplement.

Additional informations
Snore at night, admit taking supratherapeutic testosterone injection, and experiencing withdrawal symptoms when trying to stop

PMH:
None

Meds:

Fam Hx:

Soc Hx:
Moved from chicago to Atlanta
Police officer
Bodybuilder

Health-Related Behaviors:

Allergies:

Vitals: T: afebrile BP: 180/100 **RR:** 18 **HR: Sat: 100**
Exam: Gen: wnl
HEENT: wnl
CV: wnl
Pulm: wnl
Abd: wnl
Neuro: wnl
MSK: wnl

Notable Labs & Imaging:
Hematology:
WBC: nl Hgb: 20 Plt: nl Hct: 59 MCV:92
Chemistry
Na: nl K: Cr: 1.5 BUN: Ca: Ph: Mg: Glu: Cl: HCO3: nl CK 469
UA: nl Ddimeres 300 FSH/LH wnl
EPO wnl
Imaging:
EKG: early LVH, T wave inversion inferior leads
Echo: wnl

Dx Anabolic steroid induced polycythemia

Problem Representation:

Teaching Points:
2 common complaints - can be linked or unrelated - r/o emergent causes.
Chest pain + syndrome → always think of aortic dissection
EKG with Chest pain: look for signs of ischemia (ST segment elevation, hyperacute Twave), signs of pericarditis, signs of pericardial effusion (low voltage QRS), signs of RV strain (S1Q3T3, R axis deviation, T wave inversion in inferior leads)
HA: primary or secondary? r/o life threatening causes of HA: **SNOOPPP** mneumonic (Systemic symptoms/signs and disease, Neurologic symptoms or signs, Onset sudden, Onset after the age of 40 years, change of headache Pattern, Papilledema, Pregnancy)
Blurry vision: time course? Visual complaints: eyes, brain
Frequent urination: osmoles in urine (SGLT2, electrolyte abnormalities, Central DI)
Urinary frequency: High protein intake (Creatine supplementation) → increased solute → polyuria
HTN: what's the baseline? Urgency (without end organ damage) or emergency (with end organ damage). Acute rise in the BP from patients baseline can result in end organ damage.
Which organs involved in hypertensive emergency: **BARKH mnemonic**: Brain, Aorta, Retina, Kidney, Heart.
- Cautious before treating it as HTN emergency. HTN could be from pain - HTN + HA could be from PRES or Subdural hemorrhage
Polycythemia: BM driving this or smth externally increasing production of RBCs
Common causes: EPO (can be taken externally), hemoconcentration (increased urine output, OSA)
Elevated Cr: what is the baseline Cr? difficult to differentiate from muscle breakdown, Creatine supplementation, or a pathology
Hormonal therapy: increased risk of thromboembolic events