02/24/25 Morning Report with @CPSolvers

*"One life, so many dreams" **Case Presenter**: Glen (@) **Case Discussants**: Austin (@RezidentMD) and Alex (@ABRezMed)*

CC: 53M p/w bilateral leg swelling x 2 weeks with progressive abdominal distension x 2 years

HPI
Right unilateral swelling up to knee level, minor pain on the swelling, no alleviating or exacerbating factors
No fever, petechiae

ROS: No cough, SOB, no abdominal pain, no icterus, normal urine, no N/V

PMH:
HIV (diagnosed 10 years ago) - no opportunistic Infx
- CD4 count: 54
- Viral load suppressed

Multiple self limiting episodes of diarrhea and SOB
No surgical history

Meds:
Tenofovir Alafenamide
Emtricitabine

Fam Hx:
None

Soc Hx:
Father of 6, unemployed, from Botswana

Health-Related Behaviors:
Non smoker, non drinker

Allergies:
NKA

Vitals: T: nl BP: 106/56 **RR:** 17 **HR**: 106 **Sat:** 93%
Exam: Gen:
HEENT: nl
Neck: nl
CV: nl
Pulm: No distress
Abd: Abdominal distension, telangiectasia, distended collateral veins, tenderness on deep palpation in epigastric region, enlarged liver and spleen
Neuro: nl
MSK: Pitting LE edema up to the knee

Notable Labs & Imaging:
Hematology:
WBC: 3.01 Hgb: 8.5 MCV 99 Hct 90.9 Plt: 27
Retic 1.14 % Protein 57 Bili 17.4, Alb 33.9
CMP nl, LFTs nl , INR 1.26, aPTT 44.5
Lipids nl

Ascites fluid: SAAG 1.3, GeneXpert: neg, Schistosoma serologies neg
B12 nl, AFP nl, CA-19.9 nl, ACE nl, Anti-Sm neg, HbsAg neg

CT Abdomen/Pelvis: Massive hepatosplenomegaly, ascites, periportal LAD, pocket of fluid in hepatic vein
EGD: no abnormalities
Chest X Ray nl
Ascitic fluid serologies pending
BM: granulocytic hyperplasia, immature myeloblasts 50%, increased monocytes and eos
Myeloproliferative neoplasm, chronic myeloid leukemia

Dx: Chronic myeloid leukemia

Problem Representation:
53M presents with chronic abdominal distension & subacute bilateral LE edema, found to have severe thrombocytopenia, HSM, and periportal LAD with c/f infiltrative liver disease.

Teaching Points (Dan):
Basic Schemas
Bilateral Leg Swelling: heart, liver, kidneys; venous obstruction, hypoalbuminemia
Abdominal Distension: solid, liquid, gas. Consider *liquid* in setting of BLE edema (e.g. ascites > HF, renal disease) given symptom distribution & *acute on chronic time course*.
Approach to Unilateral Swelling:
Patients may have LLE > RLE with normal anatomy with compression of iliac vein.
Considerations: thrombosis in unilateral extremity, compression
Pearls on CD4
CD4% can often be helpful, particularly in acute infection/inflammation! Less susceptible to fluctuations in acute illness. *CD4# 200 = CD4% 14%*.
Approach to Infiltrative Liver Disease
Water, blood, pus, cells, granulomas (infection -> TB), malignancy (e.g. lymphoma)
Non-Cirrhotic Portal HTN
Can organize by location: pre-hepatic (e.g. thrombosis), intrahepatic (e.g. schistosomiasis), post-hepatic

Consider hepatosplenomegaly as a manifestation of late-stage progression of CML due to severe extramedullary hematopoiesis.