



02/26/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Jasedeep (@JasBajwa18) Case Discussants: Sharrmin (@sharminzi) and Reza (@DxRxEdU)

Scribing ()
CC: 41 y/o F presents with a headache

HPI: HA for 1 month, intermittent. Past 1 week, the HA became more constant. It is more occipital w/ occasional radiation to the back, not severe. Past month, she had cervicgia, which she takes cyclobenzaprine for, which has been helpful.

Patient seems distressed and says she's not usually like this, taking naps throughout the day, HA is interfering with her life.

ROS: No weakness, numbness, facial droop, slurred speech, vision changes, dizziness, no gait disturbance/falls. No dyspnea, no fevers, or chills. Some fatigue for the past several months.

PMH: Anxiety, GERD, cervicgia, migraine, vague abdominal pain a year ago

Meds: PPI, cyclobenzaprine, acetaminophen, ibuprofen, xanax PRN

Fam Hx:
Soc Hx: no recent travel, lives w/ husband, has 2 dogs.

Health-Related Behaviors:
Allergies: none

Vitals: T: 91F BP: 120/90 RR: 18 HR:84 Sat: 95% RA
Exam: Gen: Anxious appearing
HEENT:
Neck: some stiffness
CV: regular rate and rhythm
Pulm: wnl
Abd: no tenderness, no distension
Neuro: intact CN, 5/5 strength in UE & LE
MSK:

Notable Labs & Imaging:
Hematology:
WBC: 8 → 13.1 Hgb: 14.8 → 10 Plt: 241 → 150 (1yr apart) mcv: 87 rdw: 18.6
Iron studies: wnl UA: wnl LDH: 396 → 402 Haptoglobin: wnl
Chemistry
BMP: wnl
CRP: 0.7 ESR: 57

Imaging:
CXR: normal
CT head: pineal cyst up to 1.4cm possible mass effect on adjacent tectum.
Blood cultures: no growth
MRI head: no pineal cyst, no infarctions, wnl.
CT abdomen/pelvis: Small benign-appearing hepatic lesion unchanged compared to prior study.
Blood smear: no schistocytes, auer rods

Dx: AML (NPM-1 & FLT3 mutation) - intermediate risk

Problem Representation: 41 y/o F with 1 month intermittent HA, more constant over the past wk. Bicytopenia, elevated LDH, normal haptoglobin. Blood smear showed Auer rods → Dx: AML

Teaching Points(Minahl):
->Approach to Headache:
1. Is this primary? Consider migraine, tension/cluster headache
2. Is there an ext exacerbating factor? facial involvement (e.g., acute angle closure glaucoma)
3. Are there systemic causes, such as fever?
4. Are there intracranial causes such as tumor, GCA, SAH?

->Red flags of secondary headache: SNOOP (Systemic symptoms Neurological symptoms, sudden Onset, Old age (>50 yr), Progressive course)

->Localize the problem: MSK? CNS? spinal cord related? hematological? CVS? Assess whether a cyst is causing headache and consider neck imaging and MRI for further evaluation.

-> If MRI is neg: Two possible reasons (1) Threshold to treat for migraine may be low (2) Venous sinus thrombosis
-Approach: Reevaluate MRI, assess for intracranial causes, is headache positional, consider LP.

->Approach to blood cell deficiencies: cytopenia-peripheral blood, bicytopenia-check peripheral blood then marrow, pancytopenia- always marrow with rare exceptions.

->If blood smear is normal, consider bone marrow evaluation. Blast cells -AML, lymphadenopathy -lymphoma /leukemia.