



02/25/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Khashayar (@) Case Discussants: Jasdeep (@) and Julia (@)

CC: 64y.o. F patient with 1 day of fever, body aches, weakness and headache

HPI: She reports chills, fever Tmax 100.4(38), nausea and diffuse body aches started yesterday night. She denies any cough, runny nose, abdominal pain, diarrhea, dysuria or other symptoms. She describes the headache as bandlike, denies any photo or phonophobia and does not have a hx of headache.

In the ED patient arrived hemodynamically stable but then spiked a fever of 102.6(39.2C). She was given toradol, tylenol, reglan and 500cc bolus. She states that antipyretics originally worked but now the headache and chills have returned. -> Symptoms worse during fevers, but overall tolerable.

PMH:
Holmes-Adie syndrome
Hypertension
Hyperlipidemia
Type 2 diabetes mellitus -> A1c 6.6%

Meds:
-aspirin (ASPIRIN) 81 mg,
-atorvastatin (LIPITOR) 10 mg, Oral,
-CeleBREX 200 mg,
-cyclobenzaprine (FLEXERIL) -ergocalciferol
-lisinopril
-metFORMIN (GLUCOPHAGE)
-omeprazole

Fam Hx:

Soc Hx: She travelled to southwest Mexico 2 weeks ago. Stayed in the city and went to the beach. Ate local foods. She was in her usual state of health until her return yesterday and immediately upon returning home presented to the ED. She notes multiple family members in Mexico had similar symptoms.

Vitals: T: 102.6 (36.8) BP: 121/62 RR: 24HR: 96 Sat: 96% on RA

Exam: Gen: Awake and alert, Lying in bed. Ongoing fevers, rigoring at bedside

HEENT: Head atraumatic. Mucous membranes moist. Conjunctiva anicteric. PERRLA.

Neck: Supple. No cervical LAD.

CV: regular rhythm. Normal rate. No m/r/g. Normal S1/S2.

Pulm: CTAB

Abd: Soft. Nondistended. Not rigid. No rebound tenderness, no guarding. No appreciable hepatosplenomegaly.

Neuro: nl

MSK: no rashes or lesions

Notable Labs & Imaging:

Hematology:
WBC: 1.5 (57.9 neutrophil, 39.5 lymphocyte) Hgb: 12 Plt: 111 Hct: 36 MCV: 81.3

Chemistry
Na: 142 K: 3.0 Cr: 0.4 BUN: 6 mg/dL Ca: 7.1 - Glu: 100 Cl: 114 - Albumin: 2.8 - total protein: 4.5 - AST: 162 ALT: 189 ALP: 189 Bili: 0.8, T/PTT/INR all normal

UA -> bland, CK normal, COVID/flu negative

Imaging:
EKG: normal sinus rhythm CXR unremarkable Abdominal US was nl

Peripheral smear: There is a microcytic normochromic anemia with no significant anisopoikilocytosis. Schistocytes are not increased. White blood cells are decreased but morphologically unremarkable. Platelets are decreased but with unremarkable morphology. No clumping or satellitism is seen.

Blood cultures without growth, HIV negative, Hepatitis A, B, and C testing negative Monospot negative

Malaria Antigen negative, no parasites seen on peripheral smear, CMV IgM serum negative, SPOTTED FEVER GROUP (murine typhus) IgG & IgM negative

On additional history she reported her and her family were bit frequently by mosquitos. Dengue Fever IgG returned positive at 12.84 while IgM was negative. She improved with supportive care (fluids, analgesics, antipyretics) and time. Her labs returned to baseline at her follow-up visit 1 week after discharge.

Dx Dengue

Problem Representation: a 64 y/o F, presents with 1 day of fever, body aches, and headache, she has a recent travel hx to Mexico, labs showed low WBC and low plt with transaminitis, Dengue IgG returned + at 12.84.

Teaching Points (Hee Mun):
64-year-old female with 1 day of fever (38°C), body aches, weakness, and headache—acute vs. chronic, viral (flu, COVID-19), IMADE (infection, malignancy, autoimmune, drug, every) -> UTI, URI, GI, biliary, unknown source -> VS and physical exam (headache -> meningitis.)

Hx: Travel history to Mexico, TB, Legionella (less likely due to no cough or SOB), tick, dengue, malaria, **family with similar symptoms**—viral infection; **Adie tonic pupil defect, fever, rash**—consider syphilis.

PE :DDx for rigor include infections (bacteremia, sepsis, malaria, tick-borne rickettsial infections) — look for skin petechiae, thrombocytopenia, and **Faget sign** (low heart rate with high fever, seen in typhoid fever, dengue, Legionella -look for bb)

LAB :Normal Hb (capillary defect, hemoconcentration), thrombocytopenia, leukopenia, liver enzyme abnormalities—consider dengue, hantavirus, chikungunya, rickettsia, leptospirosis (less likely without WS (eye & renal dysfunction)).-> Serology/PCR, blood culture including atypical and viral) for further diagnosis.

Dengue fever : retro-orbital headache in dengue (without rash), rash in chikungunya, dengue with thrombocytopenia >> chikungunya mild likely. Family all bitten by mosquito kisses.