02/27/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Kirtan Patolia (@) Case Discussants: Rabih (@) and Hui Ting (@)

"Transducing Dx"
CC:

63Y/F one wk of fever, headaches, sore throat, productive cough
Over last two days experiencing LUQ pain, more pronounced with coughing

ROS: No blurry vision, diarrhea, constipation, photophobia, neck stiffness, hearing changes, dyspnea, dysuria, hematuria, hematochezia, rash.

PMH:
Seropositive RA
Childhood TB
Bronchiectasis and Calcified granulomas, treated 10 years ago.
Last AFib negative

Meds:
Adalimumab for past 6 mo (last dose 2 wks ago)

Fam Hx:NOne

Soc Hx: no travel, pets or sick contacts

Health-Related Behaviors: no smoking, alcohol.

Allergies: None

Vitals: T: 38.2c RR: nl HR: 110 bpm **Sat: nl**
Exam: Gen: looks unwell, not conversing clearly, not coherent.
Pulm: reduced breath sounds B/L in upper lung zones
Abd: LUQ tenderness.

Notable Labs & Imaging:
Hematology:
WBC: 1.7 (bl 8.4) -> 3.9 on discharge ANC 300
Hgb: 10.7 (bl 11.8) Plt: 145 (bl 196)
Chemistry
BMP unremarkable
CRP: 40 ESR: 140 LDH: 300 AST: nlALT: nlALP: nlBili:nl, TP:6 alb: 3.2
Total protein 6, ferritin: 2000, INR: 1.2, APTT: 50, Fibrinogen-nl.
Vitamin B12: 1284
Imaging:
CT chest: No PE, nl lung parenchyma, no new granulomas
Mildly enlarged spleen with multiple wedge shaped hypodensities, no lymphadenopathy or hepatomegaly.
Patient is getting worsened, tachypneic, tachycardia, sick looking.

Blood culture, Urine sputum, RSV,HIV, Hepatitis, Brucella, syphilis, Histo, blasto,Legionella, Crypto, EBV, CMV, VZV, Bartonella, Q fever, Quantiferon, AFB: Neg ANA> 1:160, dsDNA: positive, RF: 1000, CCP: 300, Beta D glucan, fungal culture: Neg
Peripheral smear, Flow cytometry,PNH: Normal.
TTE: NI, no vegetations. CT head: wnl. LP: NI
Lupus anticoagulant: Positive. Cardiolipin, beta 2 glycoprotein, ANCA: neg
WBC: 1.7-3.9. Pt was discharged thought due to Adalimumab.
NGS **STAT 3 D661Y**(positive)
BM: CD3+, CD8+, TIA+ LGL cell(triple positive)

Dx: Large Granular Lymphocytic Leukemia(LGL)

Problem Representation: 63Y/F with acute history of fever, LUQ pain complicated by Splenic infarct, leukopenia with elevated APTT

Teaching Points(Patricia):
Approach to patient Hx
Timeline of the presentation, why now ?
Fever : IMADE > Infection (respiratory?, GI?) Malignancy, Autoimmune , Drugs(hx of polypharmacy) , Endocrine
LUQ pain : gastric or pancreas dx
LUQ pain + inflammation: Spleen (endocarditis, malignancy) or pleuropulmonary process
- Spleen : hematological organ with clues in the CBC
- **Splenic infarct** : decrease supply(thrombosis) < increased demands (splenomegaly)
- **Thrombosis + prolonged PPT**: think APLS associated with AI dx specially Lupus
  - AI dx : acquired from other AI dx, or medication like TNF alpha inhibitors
  - APLS : thrombosis + Lupus anticoagulant> think tx with Warfarin
  - Think also about underlying dx that can cause false APLS like some malignancy (LGL leukemia)

Pancytopenia : relatively equal or disproportionality?
Fever + Neutropenia > Neutropenic fever > medical emergency with Empiric Tx with ATB , blood, respiratory culture . Cx: Chemotherapy , infection , AI .
RA associated with LGL leukemia >neutropenia AI dx > high disposition to thrombosis(splenic infarct)
High APPT : bleeding diathesis , thrombotic evenment