



03/19/25 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Nikola Vladic (@VladicNikola) Case Discussants: Sharmin (@Sharminzi) and Reza (@DxRxEdu)

<p>Scribing (David)</p> <p>CC: 50 yo male with progressive SOB and fatigue for 6 months</p> <p>HPI: symptoms began 6 months ago, became winded when climbing stairs. SOB progressed up to walking short distances. Now feeling fatigue throughout the day.</p> <p>ROS: denies chest pain, abdominal pain, fever, cough, weight loss, night sweats</p>	<p>Vitals: T: 36.8°C, BP: 130/85, HR 95, SpO2 89% RA</p> <p>Exam: Gen: pale conjunctiva, alert and oriented</p> <p>CV, abdomen and MSK: nl</p> <p>Pulm: bibasilar inspiratory crackles, digital clubbing</p> <p>Skin: albinism</p>	<p>Problem Representation:</p> <p>A 50 year old male presented with shortness of breath and epistaxis. He had a history of colitis and albinism. Pulmonary Ct showed presence of honeycombing and reticular opacities.</p>	
<p>PMH: Crohn disease, HTN, HLD, oculocutaneous albinism, appendectomy</p> <p>Meds: lisinopril, amlodipine, atorvastatin, 6-mercaptopurine, azathioprine</p>	<p>Fam Hx: father died of a heart attack in 60s, grandmother with bleeding diathesis and died from interstitial disease. Puerto-Rico heritage.</p> <p>Soc Hx: works in an office, lives with a dog and cat</p> <p>No travels. No sick contacts.</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 11k (N 75%), Hgb: 9.2, MCV 75, Plt nl</p> <p>Chemistry: Na 136, K 4, Cl 100, Cr 1.0 Trop and BNP nl AST, ALT, AlkP nl CRP 12 (< 10)</p> <p>Autoimmune panel: ANA -, anti-Scl 70 -, ACE -. TRT negative</p> <p>Sputum: no grow</p> <p>Imaging: CT: bilateral reticular opacities with honeycombing and areas of GGOs with traction bronchiectasis predominantly on lower lobes.</p> <p>Clinical course: Patient started bleeding profusely through nose.</p> <p>Suspected diagnosis of UIP → No occupational exposures. No exposure to methotrexate or amiodarone. No tobacco.</p> <p>Genetic test for HPS1 +</p> <p>Dx: Hermansky-Pudlak syndrome</p>	<p>Teaching Points (SEEME):</p> <p>Approach to SOB : Exertional SOB- makes us think about hemoglobin and cardiovascular system (review of systems for heart failure) Fatigue without weight loss makes malignancy less likely. One autoimmune disease makes us think about possibility of other autoimmune diseases as well.</p> <p>Approach to hypoxemia: We can consider lungs or anemia. When patient has hypoxemia and crackles- exam positive hypoxemia which makes us think about lung parenchymal disease. Lung imaging and labs can help us further. Drug induced lung injury is also something worth considering.</p> <p>Approach to anemia : We can think about inflammatory disease , epistaxis and any blood loss.</p> <p>Approach to epistaxis: Platelets issue, vessel issue, von willebrand factor issue</p> <p>Approach to ILD: It may be idiopathic, secondary to environmental factors and drugs or linked to UIP (usual interstitial pneumonia). We can look for potential triggers. Scleroderma and some autoimmune diseases are linked to ILD.</p> <p>Hermansky- Pudlak Syndrome: Autosomal recessive. Presents with granulomatous colitis, bleeding, albinism, pulmonary fibrosis and neutropenia. Rare disease.</p>