# 04/20/25 Morning Report with @CPSolvers

***"One life, so many dreams" Case Presenter**: Meena* ***Case Discussants**: Maddy (@MadellenaC) and David (@davserantes)*

Scribing (Lera)

**CC**: 56 y/o F presented with dysuria for 2 days.

**HPI**: Complains of **burning with urination**, that also present around anal area. Also reports occasional itching in this area. Has no Hx of similar Sx or recent infections.

Usual BP at home is 143/80, says that she tends to get nervous when comes to doctor.

**ROS:** Endorses lower abdominal discomfort. No urgency / hematuria. No fever, N/V, flank pain.

**PMH**: Nor relevant

**Meds**: None

**Fam Hx**: no family Hx of HTN

**Soc Hx**: not relevant

**Health-Related Behaviors**: not relevant

**Allergies**: none

**Vitals: T:** afebrile **BP:** 160/100 **RR:** nl **HR**: nl **Sat:** nl

**Exam: Gen:** unremarkable for all systems.

**Pelvic exam:** rash on anal and perineal area (specifically anterior region of external genitalia), no blisters / papules, whitish vaginal discharge present.

**Notable Labs & Imaging**:

**Hematology**:

CBC and BMP: all normal

**UA**: glycosuria, otherwise unremarkable

**Serum glucose**: 340

**HbA1c:** 7.5%

*-> T2DM diagnosis was made. Started on oral glycemic control regimen (glipizide, metformin), losartan for newly diagnosed HTN, as well as fluconazole and hydrocortisone for vaginal candidiasis.*

**Dx: vaginal candidiasis (triggered by DM), new HNT Dx.**

**Problem Representation**: A 56 year-old female presented with acute-onset dysuria, perianal burning sensation and itchiness. On exam found to have a non-vesicular rash in perineal area and whitish vaginal discharge. Labs notable for hyperglycemia and glycosuria.

**Teaching Points** (Nikola)**:**

**Dysuria** = burning sensation with urination = irritation of the GU system, 2 buckets:

- **Inside the GU**: infections (cystitis, prostatitis), non infectious -itis: radiation cystitis, atrophic vaginitis (fissures) etc.
- **Outside the GU**: -itis outside the GU (diverticulitis, appendicitis, skin infections in proximity to the GU area, proctitis)

**Pearl**: Intense (out of proportion) burning sensation points toward the skin around the GU area as the potential cause.

**Red flags to look for in dysuria: fever** and **flank pain**; if these are not present, the likelihood of simple cystitis is relatively high.

The **physical exam** can give valuable clues for the potential cause of dysuria: looking for skin changes such as vesicles (HSV), discharge (white = gardnerella, purulent = Gonorrhea) and a **thorough sexual history** has to be taken as STDs might be the cause of the dysuria. Additionally tests for common causes such as Gonorrhea and Chlamydia should be sent out.

**UTI** = dysuria + pyuria (leukos on the UA) and finally a pos. urine culture.

**Glucosuria** (such as in DM, SGLT2-inh use) is a **risk factor for UTIs, candidiasis** being very common in this setting.