# 04/11/25 Morning Report with @CPSolvers

*"One life, so many dreams" Case Presenter: Zak (@) Case Discussants: Rabih (@rabihmgeha) and Sharmin (@Sharminzi)*

Scribing (Patricia)
When the pressure rises
**CC**: 30yrs old F with new onset of **haemoptysis**

**HPI**: She developed 2 episodes of coughing blood , mixed with sputum. Also have dyspnea, over the past 2 months , breathless even at rest
She also presented with orthopnea, facial puffiness, weight loss , night fevers , cough initially dry , now bloody and 2 episodes of epistaxis

**ROS:** no rashes , no paresthesia

**PMH**: none

**Meds**: None

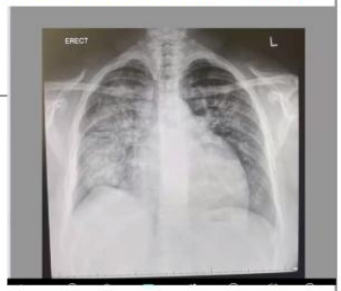
**Fam Hx**: non significant

**Soc Hx**:no alcohol

**Health-Related Behaviors**: no drugs, hx 5 yrs smoking

**Allergies**: none

**Vitals: T: 37.1 BP:** 172/105 **RR:** 22 **HR**: 115 **Sat: 99%**
**Exam: Gen: Facial swelling , no clubbing no lymphadenopathy**
**HEENT:no nasal bleed**
**Neck**: increased JVP
**CV:** , S1,S2 gallop, bilateral pitting edema
**Pulm:** mild respiratory distress, productive cough with white sputum, bibasal crackles
**Abd:** soft, non tender, no ascites
**Neuro: no deficit MSK:** no rashes



**Notable Labs & Imaging**:
**Hematology**:
WBC: 12 Hgb: 7.9 Plt: 154 > 300 Hct: MCV:
Glucose 130, pregnancy test negative

**Chemistry**
Na: 133 K: 3.5 **Cr**: 15.6 eGFR: 4 BUN:121 Ca: 1.93 (nl) Ph: nl Mg: nl
**CRP**: 168 **LDH**: 478 AST: nl ALT: nl Alb 51 Coags nl Trop nl
**UA**: 3+ protein, positive blood, 0 WBCs, a lot of RBCs
RF nl, ANA and dsDNA negative, C3 and C4 nl, ANCA nl, anti-GBM negative
Hiv neg, hepB,C neg

**EKG**: LVH, sinus tachy
**Echo**: mild LVH, diastolic dysfunction (HTN heart disease)
**CXR**: diffuse b/l opacities (central > peripheral), c/w pulmonary edema & DAH
**KUB**: nl sized kidney, increased echogenicity

**Renal Bx:** glomerulosclerosis with tubular atrophy, no IC deposits or crescents, fibrosis with fibrinoid necrosis and occlusion of the vessels
Sputum positive for M. tuberculosis

**Dx : Severe malignant hypertensive nephropathy**

**Problem Representation**:Young female presents with inflammatory disease and renovascular component

**Teaching Points (Julia):**
**Hemoptysis & Epistaxis + HF + inflammation**
I) **Stable vs. unstable** (vitals are vital) -> management > diagnostics ?
No miss diagnosis: AV fistula -> hemodynamic consequences
Mimickers: Epistaxis, GI bleed

II) **Why?** localizing sign ?
lung issue vs. systemic structural blood vessel wall issue
- Bleeding -> Anemia -> high output cardiac failure = consequence / red herring
- Endocardial (valvular) turbulent => acquired vWS = Heyde`s Syndrome

Sinus tach BPsys high and dias low + HF -> Chronic aortic insufficiency : high stroke volume

**AKI** (Facial puffiness + high Cr) PLUS **HTN** -> **renal vascular disease/GN**
Inflam. syndrome: Serositis vs. innocent bystander (heart)
complements nl: ANCA Vasculitis, anti GbM & IgA Nephritis
- ANCA sens ~ 80-85% (dep. systemic ) - anti GBM ~ 95%
  - Paraprotein ! - biopsy !
  - Infectious -related GN is generally hypocomplementemic

RTX: Central > peripheral, no pleural effus-> **DAH** (capillary bleed; ven. HTN?) OR Pulm. edema

**GN diagnosis: I**) proteinuria + hematuria = necessary II) exclude mimicker: no alternative causes AKI and bleeding (RVD kidney stones, outflow flow obstruction)

**Glomerular bleeding** (vasculitis, anticoag nephropathy, arterials are clotted w/ pressure increased behind clots)
- Renal complement mediated TMA w/ 2nd bleeding because of capillary HTN is hard to distinguish from malignant hypertension