



5/21/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Dr. Catherine Sims Case Discussants: Dr. Jeffrey Shen

Scribing (Lera)

CC: 32 y/o F w/ **stomatitis, gingivitis, tonsillitis**
"8 weeks pregnant patient with vasculitis"

HPI: Sx first started 8 years ago. Felt **feverish, fatigues, some joint pain +/- costochondritis**. Presented with **livedoid rash** on LE -> "**granulomatous arteritis**" on Bx. Then hospitalized with **diarrheal illness**, broad infectious workup (+) for Salmonella. Improved with ABx, Bx negative for IBD. Was started on MTX (-> side effects), tried plaquenil, dapsone, colchicine with minimal improvement. Now switched from adalimumab -> certolizumab.

ROS (-): other mucosal involvement, clots Hx, Raynaud, hemoptysis, hematuria, hearing loss.

PMH:
IVF pregnancy
Subfertility (idiopathic)

Meds:
Certolizumab
Escitalopram
Prenatal vitamins

Fam Hx: no AI diseases.

Social Hx: not related.

Health-Related Behaviors: no drug use reported, no smoking or alcohol.

Allergies: none.

Vitals: T: 99.2 BP: 106/69 HR: 90 RR: 18 Sat: 100%
Exam: Gen: no acute distress
HEENT: no sinus tenderness, no LAD, no ulceration, mild chin ache
CV: RRR, no murmurs **Pulm:** CTAB **Abd:** soft, non tender
Neuro: unremarkable, strength 5/5 throughout
MSK: no active synovitis, some bruising on LE (due to fall)

Notable Labs & Imaging:

PET scan: tonsillitis, asymmetric cervical LAD, no evidence of vasculitis.
LN Bx: neg for malignancy. **Tonsillectomy done with persistent negative infectious workup** -> adenotonsillitis with lymphoid hyperplasia.

Labs:

Hematology: WBC: 8.1 Hgb: 12.3 Plt: 195
Chemistry: Na: 141 K: 3.8 Cr: 0.7 BUN: 12 Glu: 78 Cl: 104 HCO3: 23
AST: 20 ALT: 13 ALP: 30 CK: nl **UA:** nl **SPEP:** negative.
ENA panel: dsDNA, C3, C4, RF, ACE, cryo, APS, ANCA, celiac panel neg.
ID workup: influenza, strep, syphilis negative. **HIV & TB GOLD:** neg.

Imaging:

Prior CXR: nl. **MRA C/A/P:** no active vasculitis, no aneurysms / strictures.
TTE: unremarkable. **MSK US:** mild fluid and hyperemia around L anterior tibialis tendon, mild fluid surrounding BL left peroneal tendons.

Pending: Ig levels, HLA-B51, lymphocyte enumeration panel, humoral immunocompetence level, neutrophil respiratory burst. **Whole exome sequencing:** PSTPIP1 missense mutation, Jak3 heterozygous deletion.

DDx:

- **PFAPA syndrome;**
- **PAPA syndrome;**
- **Incomplete SCID, AOSD, Behcet's.**

Problem Representation: 32 y/o female on 8th week of IVF pregnancy with Hx of idiopathic subfertility presented with stomatitis, gingivitis and bilateral tonsillitis. Was found to have PET (+) cervical LAD. Broad AI and infectious workup was negative.

Teaching Points (Sawsan):

Approach to CC:

First pass: Is the disease consistent with a rheumatological disease ?

- Whenever we see fatigue + inflammatory arthritis + fever = we can consider it as a primary rheumatological hint , BUT when seen with oral mucosal sx for example we would consider them non specific as almost every single rheumatological disease can present with them so they can be seen as secondary presentation.
- When you give a diagnosis in rheumatology > ask yourself why was it called that, for ex> Vasculitis (seeing fibrinoid necrosis which means having transmural inflammation> this is considered high evidence of true vasculitis)
- ANCA vasculitis doesn't cause lymphadenopathy.
- Approach to lymphadenopathy : is it reactive? Or a primary lymphoproliferative process ?

DDX of cervical lymphadenopathy :

- Lupus (SLE, sjogren , scleroderma,RA,....)
- Kakuchi Fuurioto: acute presentation with constitutional symptoms , might have oral ulcers
- Sarcoidosis
- Rosai Dorfman
- Kimura disease

What if it's not a rheumatological disease ?

- Infectious (causing chronic inflammation and mimicking a rheumatological disease)
- Neoplastic > localized cancers(tonsillar or tongue cancer)
- Dermatological disease (autoimmune or immune mediated for ex pemphigus)

Recurrent sx and infections? Possible underlying immunodeficiency
Take home message: ASK FOR HELP & DO NOT ANCHOR .