5/08/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Jerome (@) Case Discussants: Rabih (@rabihmgeha) and Minahil (@minahilramzan09)

Scribing (Eugene)

CC: 81 year old male with 2 weeks of dyspnea and chest discomfort

HPI: Been brought down from ED from cardiology clinic. Has a hx of 3 vessel CABG with graft failure and was referred for LHC/ advanced PCI. In triage he was hemodynamically stable, febrile at 101, tachycardic at 110, and tremulous

Received COVID and flu vaccination around time of symptoms. 3 days after vaccination, developed nausea and vomiting that continued for a week.

PMH: 3 vessel CABG
HTN, Hyperlipidemia, IDDM

Surgical Hx: Cervical discectomy, Thoracic disc surgery, Penile prosthesis implant
Transsphenoidal excision of Pituitary adenoma (2013 excised)

Meds:
Atorvastatin, isosorbide dinatrate, metoprolol Sitagliptin, Metformin empagliflozin

Fam Hx: Multiple Myeloma, DLBCL in father

PSH: Nil

Health-Related Behaviors: stopped smoking 10 y ago (previously ¼ pack per day tobacco use)

Allergies: Nil

Vitals: T: 99.5 **BP:** 133/85 **HR:** 84 **RR:** 18 **Sat:** 98% -> 90% with walking
Exam: Gen: well appearing, not in acute distress
HEENT: anicteric, strabismus of left eye (longstanding)
CV: Regular rhythm, no murmurs, no JVD
Pulm: diminished breath sounds bl, no wheezing
Abd: soft, non tender, no organomegaly
Neuro: unremarkable

Notable Labs & Imaging:

Hematology:
WBC: 20 (neutrophil predominant) Hgb: 10->9.4 Plt: 632
Reticulocyte index 1% (low).

Chemistry:
Na: 131 K: Cr: 1.3 HCO3: 19 AST: nl ALT: nl ALP: nl Bili: nl Glucose: 451, Lactate-2.5 **VBG:** pH 7.55, PCO2 25. BHB 0.2 ESR 100
Thyroid tests normal.

Imaging:
EKG: Unremarkable. **Chest X-ray:** normal
CT Chest with contrast: no PE, mild interstitial findings, otherwise normal
Repeat EKG- unremarkable,
Echocardiography- EF- normal, no chamber enlargement
Contrast CT of abdomen- no acute abnormality, no colitis

Infectious workup
Extended viral panel: negative. HIV, HCV, HBV, EBV, syphilis negative.
Blood C/S- negative

Miscellaneous
SPEP/UPEP and light chain ratio - Negative
Antibody levels- normal
ANA, Complements- normal

->On hospital day 4, foot exam revealed a wound on his right great toe which was amputated the next day. Intraop and Post op course was uncomplicated.
->Hospital day 7 patient had a cardiac arrest, now has spent two days in ICU

DDX- Osteomyelitis of the great toe

Problem Representation: 81 y/o male with 3 vessel disease presents with subacute chest pain and dyspnea was found to have a neutrophil leucocytosis, elevated Lactate and ESR as well signs for bone marrow suppression.

Teaching Points (Julia): →

I) **time course *acute***: 4+2+2 vs ***subacute***: sinister causes
+ localisation *central*: coronary and pericardium
lateralisation: pleural diseases (infarction or pneumothorax)
II) fever + tachycardia + chest pain + SOB -> infection (Flare of chronic condition vs acute problem itself)
Locations: Resp, UTI, SKin, GI, Hep/Bil
III) let a pt. walk to reassure exertional component
IV) respiratory alkalosis (→lung)! + thrombocytosis(→*subacute*) + **neutrophilic leukocytosis** → "**pus under pressure**" + Hyperglycemia + Lactate
contrast : enhancing pleura / mediastinal disease
V) where is the pus hiding?
→1. Intraabdominal 2. intravascular 3. intraspinal
Blood cultures, EKG, CT-chest, spine, MRI pituitary
VI) **do a thorough physical examination**!!! "keine Diagnose durch die Hose"