5/20/25 Morning Report with @CPSolvers

***One life, so many dreams" Case Presenter**: Eugene(@EugeneBondzie) **Case Discussants**: Dr.Ravi(@rav7ks) & Vijay(@vijaybramhan)*

Scribing (Rahul)
CC: 42 Y/F B/L lower limb swelling and abdominal distension over 2 months

HPI: one month ago, visited Peripheral hospital, CXR and other labs. informed heart is enlarged and was given some meds. Later reported upper limb swelling, shortness of breath, early satiety and abdominal distension.

Now %: **orthopnea, palpitations**, intermittent cough with pinkish sputum, Rt Hypochondriac pain, **Early morning facial puffiness**

PMH: **Gestational HTN 11 months** ago,uncomplicated spontaneous delivery, not complicated by pre/eclampsia. **Gestational HTN** in previous preg **G5P5**

Meds:
Methyldopa(d/c after delivery)
Lisinopril and Furosemide (d/c felt not getting better)

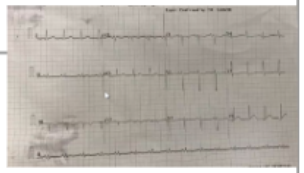
Fam Hx: None

Social Hx: denies alcohol and smoking

Health-Related Behaviors:

Allergies:No known allergies

Vitals: T: 36.3 BP:156/89 HR: 112 bpm **RR:** 22 **Sat: 98@RA**
Exam: Gen: ill, afebrile, mild respiratory distress
CV: + **JVD, S3 gallop, displaced apex, pansystolic murmur at mitral area**
Pulm: decreased air entry, coarse crepts
Abd: grossly distended, palpable HM, spleen not palpable, positive fluid thrill **Neuro:** no FND
MSK: pitting edema upto thigh, Anasarca



Notable Labs & Imaging:
Hematology:
WBC:7.7, N: 83.4% Hgb:9.8 Plt: 149 MCV:51
Chemistry
Na:134 K: 3.9 Cr: 1.37 (~ to bl) BUN: 20.8 Cl: 98
ESR: 39 AST: 20.2 ALT: 23.3 ALP: 121GGT: 47.1 Bili: 2.8
Albumin slightly low
UA: 1+ protein, neg blood, WBC, cast, few epithelial cells. UPCR: 0.9
BNP 2460, troponins nl, HbA1c 5.8%
Negative Trops
Imaging:
EKG: non specific T wave inversion.
CXR: cardiomegaly, massive R pleural effusion -> CT drained (transudate)
USG: B/l CKD changes, dilated hepatic veins, IVC minimally collapsed
Echo: severe systolic dysfunction 23% EF, moderate MR, PASP: 50-60 mmhg, mild pericardial effusion.
ANA: 45(+) Complements nl, Thyroid tests nl.

On Day 4: pt developed new onset swelling over Rt lower leg, anterior shin, ill defined area of erythema, warmth. Tenderness on palpation. Negative for DVT. No ulceration, blistering or necrosis. No inguinal lymphadenopathy
WBC: 13.2(85.5% neutrophils), ESR: 46, CRP: 88
Renal biopsy: **Suggestive of HTN Nephrosclerosis**
Dx : Postpartum cardiomyopathy with severe LV dysfunction, CKD, Right leg Cellulitis.
Started on GDMT.

Problem Representation: Middle aged women presenting with subacute history of B/L lower limb swelling and abdominal distension found to have pansystolic murmur, anasarca Dx as Postpartum cardiomyopathy with severe LV dysfunction.

Teaching Points (Minahil):

Approach to swelling
Pathophysiology:venous congestion,imbalance in hydrostatic vs oncotic pressures
Site of swelling: unilateral(local obstruction-DVT,cellulitis,lymphatic obstruction)vs bilateral(systemic cause s-cardiac ,renal,medication-amlodipine , sarcoidosis,SLE)
Lower Limb swelling:think of cardiac,liver,renal,medications
Cause of abdominal distension: solid,liquid,gas *liver disease? or pericarditis?*
Sacral edema is sensitive sign of anasarca
How's the patient?prothrombotic risk?immobilize?
Heart failure vs pseudo HF: impaired cardiac function-raised JVP,S3,BNP vs mimicking HF sign with normal cardiac function - cirrhosis,nephrotic syndrome, pericardial disease *echo will play imp role to differentiate*
Facial Puffiness: renal-nephrotic syndrome,hypothyroidism,SVC syndrome , allergic reaction *urine screening?*
Heart failure-sympathetic overdrive worsens HF over time-beta blocker will blunt this maladaptive response *S3-MR->Left HF->pulmonary edema*
Elevated Creatinine: pre-renal(hypoperfusion) , intrinsic (ATN,GN), post renal (obstruction) *Elevated UPCR -> tubular/glomerular injury*
Cardiac-Renal Interaction: cardiac and renal injuries are often interdependent or dysfunction in one organ can precipitate or exacerbate injury in the other or systemic inflammatory process going in body