6/10/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Samantha Barry (@) Case Discussants: Ravi (rav7ks@) and John (@)

CC: 32 y/o F came into urgent care for left wrist injury and found with BP of 229/134

HPI:
First injured left wrist and treated with acetaminophen, found high BP in ER. Reported bilateral retro-orbital, pulsatile, episodic headache, a/w photophobia, blurry vision, and N/V for the past few months, and unresponsive to treatment. Noted to have high BP at home before. Worsening varicose vein, subconjunctival hemorrhage, and epistaxis for last 6 months.

PMH:
nil

Never pregnant, no PSH

Meds:
nil

Fam Hx:
Uncle had HTN

Health-Related Behaviors:
No drug use, or surgery before

Allergies: none

Vitals: T: 98.3 **BP:** 213/113 **HR**:115 **RR:** 16 **Sat:** 98% **BMI:** 29
Exam: Gen: well appearing
HEENT: right sided subconjunctival hemorrhage, scattered telangiectasia, facial redness
CV: tachycardia, regular
Pulm: clear, normal work of breathing
Abd: wnl
Neuro: AO*3 with no FND, anxious, normal judgment and behavior
MSK: R sided varicose vein on popliteal region, no edema

Notable Labs & Imaging:
Hematology:
WBC: 6.4 Hgb:12.5 Plt: 216 MCV:

Chemistry
Na: 142 K: 4.7 Cr:4.81 BUN:52 Mg:2.4 Cl: 108 HCO3: 20 AG:14
ANA, dsDNA, anti-GBM, ANCA (-) SPEP & UPEP: wnl C3: wnl C4: slightly elevated
U/A: Sp 1.013 no glucose, ketone, 300 protein, 250 RBC
Urine sediment: no cast, dysmorphic RBCs, 10-50 WBC
UPCR: 2.96
HIV (-) HBV (-) HCV (-)
Utox (-)
Pregnancy test (-)

Imaging:
EKG: tachycardia
Retroperitoneal U/S: 9.6 cm R sided kidney with benign cyst, 10.8 cm L sided kidney

Kidney biopsy: advanced sclerosing IgA nephropathy

Final diagnosis: Advanced IgA nephropathy

Problem Representation: Young female with Incidental High BP

Teaching Points (Eugene):

Approach to Incidental High BP:
-Make sure its accurate. Take a focus hx and exams to identify end organ damage.
-The first reflex should not be to give a medication.
-Effects to expect with such high BP- e.g., cognitive, kidney injury, headache.
-Asymptomatic cases may not warrant admission but antihypertensive titration.
Approach to other symptoms associated with the high BP:
-Headache: pulsatile, retro-orbital hints vascular cause.
-**Papilloedema**- concerning for long standing high BP especially with associated blurring of vision
-Epistaxis: consequence of increased vascular pressures
-**Varicose veins:** causes include obesity, chronic right sided hypertension
-Other conditions: coarctation of the aorta, untreated OSA, CKD, TMA (labs to help)
Exam findings:
-Facial plethora, telangiectasia: raises concerns for systemic conditions e.g., scleroderma, osler weber rendu syndrome.
-Mnemonic for telangiectasia- (T-HHT, E- estrogen, L- Liver disease A- Ataxia telangiectasia N- neoplasm G- Genetic Inflammatory- corticosteroids T-Trauma A-actinic damage S- systemic sclerosis I- Iatrogenic A-AV malformation
Approach to Labs ;
-BUCR- points to a kidney disease
-**UA**: blood, protein, RBCs raises concern for glomerulonephritis. Could be immune-related , infectious-related
Episodic Blood in urine
-Could be coming from any part of the urinary tract.
-Coupled with pauci-immune state: IgA nephropathy
-Could be infectious-related GN