6/12/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Jeffrey Shen (@) Case Discussants: Rabih (@rabihmgeha) and Youssef (@saklawiMD)

Scribing (Glen)

CC: 62/F presents for COVID vaccine induced autoimmunity

HPI: Was feeling fine until she received COVID vaccine 2 months ago.
Next day developed new red butterfly rash on face, worse in sun. Rash spread to arms and legs next week. Week later developed pain and stiffness in hands, elbows, knees and ankles.>1hr am stiffness. Saw a doctor and told was fibromyalgia, another doctor thought COVID induced autoimmunity

ROS: Hair thinning and loss, Sicca symptoms, Numbness/tingling in toes that come and go. Oral ulcers, N/V 35 times daily, muscle weakness, Raynaud

Hospitalization: new dev of neck swelling with B/L masses. Non tender. SOB on exertion , fever and chills, night sweats 2 weeks

PMH:Thoracic ascending aortic aneurysm(4cm), fibromyalgia, GERD, osteoarthritis

Meds: Ivermectin, Prednisone, Zinc, Magnesium, Pantoprazole

Fam Hx:Huntington, SLE

Social Hx: None

Health-Related Behaviors: Smoker, quit 20 yrs ago, have one dog, no recent travel/exposure

Allergies: None

Vitals: T: 103.4 **BP:** 108/66 **HR**: 118 **RR:** 26 **Sat:** 94%RA **BMI:**
Exam: Gen: not in acute distress
HEENT: bl cervical LAD from upper neck to lower neck (~2 cm, non tender), no sinus tenderness, eyes ok, few oral ulcers w/ recent bleeding
CV: tachycardic, no murmurs **Pulm:** ctab **Abd:** soft, non tender
Neuro: nl strength and sensation
MSK: raised erythematous rash on most of the body, butterfly on face, spares nasolabial folds, diffuse tenderness over muscles and joints, active synovitis,

Notable Labs & Imaging:
Hematology:
WBC:15.7(83%neutrophil) Hgb: 9.4 Plt:197 MCV:83
Chemistry
Na: 131 K:4.1 Cr: 1.1 BUN:24 Ca: Ph: Mg: Glu:130 Cl:103 HCO3:16 AG:
CRP: 14.6 ESR: 27 LDH: 279 AST:17 ALT:14 ALP: 108 Bili: Uric acid 5.5
SUA: 5.5 Ferritin:56 Tprotein:4.8 Albumin: 3.0 CK:10
UA: 1+ protein, 3+ ketones, many WBC and leukocyte esterase
UPC: 0.4g/g
ID; NEG, Blood culture:neg, urine culture: Ecoli, TTE;no vegetation
Rheum: ANA neg, nl C3,C4, pos p-ANCA, MPO,PR3, pos RF

Imaging:
CTA: no PE, diffuse ground glass opacities (pulm edema), small effusion and pericardial effusion.B/L mediastinal and hilar lymphadenopathy. L axillary lymphadenopathy
PET CT: Hypermetabolic B/L cervical lymphadenopathy, no mediastinal,hilar and axillary lymphadenopathy. Diffuse uptake in spleen and bone marrow.
Excisional Cervical LN Biopsy: ANGIOIMMUNOBLASTIC T CELL LYMPHOMA

Dx : ANGIOIMMUNOBLASTIC T CELL LYMPHOMA

Problem Representation: 62/F Presenting with 2 months of new red butterfly rash, N/V, pain and stiffness of joints following covid vaccine. Hospitalised for SOB, fever, night sweats and lymphadenopathy.tachycardic and tachypneic on exam. Pos ANCA and RF. Excisional LN Biopsy confirmed Angioimmunoblastic T cell lymphoma

Teaching Points (Lera):

"Rheumatologic diseases are smart and precise"

Vaccine-related complications: correlation vs. *causation*.

Local vs. focal:
- ***Rash that involves face:*** SLE *and beyond* -> *AI* (DM, sarcoid), *infection* (roseola), *other* (seborrheic dermatitis, rosacea) -> nasolabial folds (SLE)? Triggers (sun, meds)? **Systemic Sx?**
- N/V + joint pain -> ***systemic disease.*** *Arthralgia vs. arthritis*?
- ***Mass forming*** (+ imaging, asymmetric) ***vs. sub-radiological*** -> exposures and blood workup.

Aneurysm:
- ***Degenerative disease*** -> *inflammatory* (Takayasu, seronegative arthritides) *or not* (bicuspid aortic valve)?
- ***Age*** drives pretest probability.

Exam tips: *"Separate exam findings to find focus of asymmetry"*
- ***Confirm RR yourself.*** Tachypnea -> LAD compression? -> ABC
- ***LAD***: Localized vs. generalized? -> reflex *HIV, RPR, ANA.*
- ***Rash*** -> call derm and ask for skin biopsy.

Hemolysis? ***Suspect*** with high LDH (300 -400) -> ***confirm*** with reflex haptoglobin, smear, retic count.

AKI Dx: first r/o prerenal with fluids -> if not corrected, worry.

Subacute neutrophilia DDx: ***Infection?*** MCC — space occupying abscess (not hectic). Then consider cancers and AI (Still's disease).

Pyuria approach:
- ***Infection*** -> time course, Sx, urine cultures?
- ***Sterile?*** NAGMA -> *tubulointerstitial disease* (clues — WBC casts, low Phos, glucosuria, uric acid wasting).

Autoantibody craze: *infections* (culture neg IE, RPR) -> *malignancy* (LGL leukemia, AITL) -> *exposure* (silicone, drugs, adjuvants -> Dx of exclusion).

Inflammation disproportionate to LDH & LN metabolic activity: Hodgkin lymphoma, AITL, Castleman disease -> *tissue is the issue*.