


6/23/25 Morning Report with @CPSolvers

“One life, so many dreams” Case Presenter: Maddy (@MadellenaC) Case Discussants: Ravi (@rav7ks) and Kirtan (@KirtanPatolia)

<p>Scribing (Saketh & Lera) CC: 2 day h/o of right lower extremity pain and swelling HPI: 43 y/o M presented to the ED 2 day h/o of right lower extremity pain and swelling. Got progressively worse. No trauma Hx or any inciting event. Rates it 8/10. No triggering or relieving factors.</p> <p>ROS: Subjective chills, otherwise negative. Denies CP, SOB, abdominal pain or pain in other extremities.</p> 	<p>Vitals: T: 38.3 C BP: 120/70 HR: 110-130 RR: 20 Sat: well on RA Exam: MSK: Warm and tender right lower extremity below the knee, no crepitus or fluctuance. No LE ulcers. Normal pulses in B/L LL General: otherwise normal</p>	<p>Problem Representation: 43 y/o M with T2DM/HTN with severe non-purulent cellulitis of the RLE, systemic toxicity, and gram positive bacteremia.</p>	
<p>PMH: HTN Asthma ?T2DM</p> <p>Meds: Lisinopril HCTZ Albuterol</p>	<p>Fam Hx: Multiple family members with T2DM</p> <p>Social Hx: Works at a call center. No alcohol/drugs</p> <p>Health-Related Behaviors:</p> <p>Allergies:</p>	<p>Notable Labs & Imaging: Hematology: WBC: 22k (N predominant) Hgb: 13.8 Plt: 182</p> <p>Chemistry Na: 130 K: 3.5 Cr: 1.9 (baseline 1) Glu: 277 CRP: 355 (nl 0-10) AST: Normal ALT: Normal Lactate: 3.3 A1c: 12</p> <p>Imaging: US: Negative for DVT CT of Right LE: Diffuse skin thickening and subcutaneous stranding of the RLE. No organized collection or subcutaneous gas. Enlarged Right inguinal and iliac chain LN. Lrinc score very high.</p> <p>-> Started on linezolid (along with clindamycin has antitoxin effect) + zosyn. General surgery was consulted.</p> <p>½ BCx is growing gram positive cocci in clusters. Was found to be CoN. AKI improved on fluids Started on long term insulin for T2DM</p> <p>Dx : Severe non-purulent cellulitis of right lower extremity.</p>	<p>Teaching Points (Sawsan): Approach to CC:</p> <ul style="list-style-type: none"> Inciting event? pain> severity? Nature? swelling> diffuse vs localized? Extent? No miss dx “ night float nightmare” ACUTE LIMB ISCHEMIA Associate sx and findings: fever & chills >>> infection/inflammation PMH? Immunocompromised state? Predisposing RF? <p>Compartment syndrome:</p> <ul style="list-style-type: none"> Increased pressure inside the compartment leading to compression on surrounding neurovascular structures> affecting venous drainage and congestion> swelling>decrease supply SP’S: PAIN (out of proportion/passive stretch),pallor, pulselessness , poikilothermia, paralysis . Remember pulselessness is a late sign , don't wait for it to confirm the dx , once suspected consult surgery <p>Management : Choosing your antibiotics > most likely organism , certain RF predisposing to certain infections could help you tailor your choices , progression of disease (rash>rapidly progressing causing hypotension > toxins are behind this pathophysiology so treating with antitoxin like clindamycin to halt the production of toxin production) patient factors</p> <ul style="list-style-type: none"> Linezolid has an antitoxin effect , with 100% bioavailability