



8/20/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Jeffrey(@) Case Discussants: Sharmin(@Sharminzi) and Reza(@)
<https://clinicalproblemsolving.com/present-a-case/>

<p>Scribing (Eugene) CC: 46 yr old woman with 10 days of fever, chills, feeling sick, muscle soreness. HPI: Had a negative COVID test. First had a diffuse erythematous macular rash all over trunk, neck and back. Over 2 days spread on entire body, extremities and face, Spared palms and soles. Rash is, non-puritic, not painful. Also had bilateral eye reddening. Over next few days worsened to involve joints (elbows, wrists, knees, shoulders in symmetrical fashion). Also noticed muscle weakness in thighs, shoulders, hips, when walking. Also noticed sore throat, non-productive cough. Also had nausea and several episodes of non-bloody vomiting right before ER. Fever is up from 101 F to 103.4 F ROS:</p>	<p>Vitals: T: 101.4 HR: 120 BP: wnl RR: Sat: wnl Exam: Gen: Tired HEENT: mild periorbital swelling bilaterally, no oral or nasal ulcers, no conjunctival injection, mild cervical lymphadenopathy without tenderness CV, Pulm, Abdominal: nl Extremities/skin: Maculopapular erythematous rash on neck back. Malar-like rash on cheeks bilaterally. Synovitis of B/L knees and wrists. B/L Lower extremity swelling</p>	<p>Problem Representation: 46 yr old woman presenting with subacute inflammatory symptoms and a rash fth leukopenia, AKI with proteinuria, synovitis, and positive parvo B19 serologies</p>	
<p>PMH: HTN Meds: Amlodipine 5mg over a year</p>	<p>Fam Hx: Social Hx: Has two cats. Came from a trip in West Africa 2 months ago. Being on antimalarial prophylaxis. Physician. Health-Related Behaviors: No smoking, no drugs, occasional alcohol use. Allergies:</p>	<p>Notable Labs & Imaging: Hematology: WBC: leukopenia -1.9 lymph: low Hgb: nl Plt: nl MCV: Chemistry: Na: K: Cl: HCO3: BUN: Cr:1.9->1.3-> 1.0 (2 days later) AST: 42 ALT: 31 Albumin: mildly low (3) Total protein: 6 uric acid-8.5 ESR: 54 CRP: 4 CK:46 Ferritin: 266 UPT: Neg U/A: +++ Protein, ++ Blood ANA: 1:640 anti dsDNA:+ve, anti ssa, ssb, sm, RF, ANCA: neg, C4: 6, C3: nl. 24-hr urine protein: 6.8 g ->3.4g -> 2g (2 days later) SPEP: faint IgG kappa band Serologies: Neg Blood CS: neg Apls labs: neg cryo: neg Parvovirus B19: +ve Imaging: X rays of extremities: synovitis, subcutaneous edema CXR: nl Renal USG: no hydronephrosis Dx: Erythema infectiosum with arthropathy</p>	<p>Teaching Points (Magnus): Approach to fever for 10 days -> inflammation Infection, cancer, autoimmune. <u>Timecourse</u> prioritizes infection and autoimmune. <u>Localisation:</u> muscle weakness -> myopathy -> myositis, get CK. Joint pain may be a clue or a bystander. <u>Exposures:</u> Cat (bartonella), travel hx. -Important to rule out infection before starting immunosuppression Approach to rash -Inside vs. outside job, in this case not painful, may point to inside -Rash + muscle -> think of dermatomyositis Approach to arthritis -Autoimmune (RA, SLE, Stills), infections (but usually monoarticular) -> Get CBC, CMP, UA, to reveal systemic clues Approach to leukopenia -Autoimmune diseases (SLE), Infections (HIV, parvo), bone marrow, meds Proteinuria + hematuria + AKI -> GN? -Measure complement levels and consider renal biopsy -Infections (like endocarditis), autoimmune (SLE), cancers (lymphoma) -Positive ANA and dsDNA -> lupus nephritis -AKI can overestimate proteinuria Improvement without treatment (AKI resolved) -> episodic diseases (flares of autoimmune diseases or infections) Parvovirus B19 -Can mimic lupus and cause positive serologies (ANA and sometimes ds DNA) -Can trigger lupus</p>