9/23/25 Morning Report with @CPSolvers

***"One life, so many dreams" Case Presenter**: Seeme (@) **Case Discussants**: Ravi (@rav7ks) and Zakariyya G(@pouroverguy)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Sam B)

CC: 30yo F with recurrent severe headaches

HPI: Headaches x2 months, intermittent, pounding. Associated with dizziness, palpitations. Episodes of profuse sweating, nausea. Last 20-40 minutes and self resolve

ROS:
No fever photophobia, chest pain, shortness of breath, diarrhea, weight loss
Positive for heat intolerance, nausea

PMH:
HTN since 8th grade, uncontrolled, labeled as essential
Anxiety and depression x2 months

Meds:
Nifedipine, losartan, chlorthalidone, atorvastatin; inconsistent adherence
Duloxetine, makes her feel worse

Fam Hx:
Early death prior to age 50 due to "heart issues" in multiple family members
Uncle with neck mass, passed away before 50, thyroid?

Health-Related Behaviors:
Nonsmoker, heavy EtOH use, last drink 3 days ago, has been cutting down recently
Avoided answering about recreational drug use

Vitals: T: afebrile **HR:** 112 **BP:** 160/90 **RR:** **Sat:** **BMI:**
Exam: Gen: anxious, fine tremor in hands
CV: tachycardic, no murmur, no JVD
Pulm: clear to auscultation
Abd: soft, nontender, no bruit, no organomegaly
Neuro: alert and oriented, no focal deficit, normal reflexes
Extremities/skin: normal

Notable Labs & Imaging:

Hematology:
WBC: 14, neutrophilic predominance Hgb: Plt: MCV:

Chemistry:
Na: K: 3.3 Cl: HCO3: Cr: 2.5 BUN: Glucose: 210 Ca: normal Mg:
ESR: elevated CRP: elevated
HbA1C: nl TSH: normal Free T4: normal
Utox: negative Lactate: normal
Aldosterone-renin ratio: normal
Cortisol: normal ACTH: normal
Plasma free metanephrines: elevated
24-hour fractionated metanephrines: elevated
Genetic testing: RET proto-oncogene mutation identified
Calcitonin: normal PTH: normal

Imaging:
EKG: sinus tachycardia, occasional PVCs
CXR:
Echo: mild concentric LVH, preserved EF
CT abdomen: 3.9 x 3.3cm heterogeneous left adrenal nodule with central hypodensity

Dx: Pheochromocytoma, likely due to MEN2 syndrome

Problem Representation:
30yo F with 2 months of episodic headaches associated with signs of sympathetic toxicity

Teaching Points (Saketh)

1) Approach to Headache - look for red flag (rule out secondary causes). Palpitations, diaphoresis might be associated symptoms of underlying systemic syndrome. Also think about external causes - toxins/drugs, internal causes - hormones (pheochromocytoma)
2) Young Patient with High BP --> Could present with secondary headache (ensure medication adherence).
3) HTN + Tachycardia - Think about sympathetic toxicity - Alcohol withdrawal (tremors), Endocrine etiologies, Genetic causes (especially in young patient), drug overdose. Important to also think of underlying acute pathologies (e.g.sepsis) being masked by substance withdrawal.
4) Labs:
-HTN + Hypokalemia: ?Hyperaldosteronism, Sympathetic Overdrive.
-Leukocytosis: Pain, Sympathetic Overdrive (demargination). Do not ignore infection
5) Imaging with clinical Sx (intermittent symptoms with periods of normalcy) suggestive of pheochromocytoma. Think about genetic syndromes.