9/24/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Michael Ward (@) Case Discussants: Sharmin (@) and Andrew (@)

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

Scribing (Shriya)
CC:1 day of **nausea and new fever**
HPI: 78 y/o M presenting with 6-7 episodes of non bilious non bloody vomiting, difficulty urinating.

Vitals: T: 100.7 **HR:** 116 **BP:162/86** **RR:** **Sat:** 95 on 2l NC **BMI:**

ROS: Chronic Cough with clear phlegm. Denied night sweats,weight loss, no sick contacts

PMH: HTN
HLD, seronegative RA
TYPE 2DM
Prostate cancer s/p radiation ,dry eye
Chronic DVT
Ventral hernia surgery
Meds:
Gabapentin
Apixaban
Tamsulosin
Lisinopril
Metformin
Loratadine
Glipizide
Finasteride
Amlodipine
Prednisone
Methotrexate weekly
Hydroxychloroquine
azithromycin

Fam Hx:

Social Hx:
Lives in Arkansas

Health-Related Behaviors:
former smoker, occasional EtOH use

Allergies:

Notable Labs & Imaging:
In ED: Hematology: WBC: 14.5 neutrophil predominance Hgb: 11
BNP: nl **Iron studies**: IDA ESR: 16 Procalc: 0.07 **Lactate**: 4.6 Flu panel: neg
EKG: sinus tachycardia **Echo**: LVEF 55%, no vegetation
CXR: no infiltrate, no consolidation, no effusion
-> Given vancomycin & zosyn and 3L of fluids
CTAP: normal , chronic urinary bladder wall thickening
Blood culture: normal **UA**: Clear
CTPE: bl pleural effusions, negative for PE
Chemistry:
Na: low K: Cl: HCO3: Cr: BUN: Glucose: Ca: Mg: LFTs: nl:
-> altered , non responsive,+tremor, continued to spike fevers. Started on doxy.
ID workup: Legionella: neg. Ehlricosis, cryptococcus, EBV,CMV, Histo, Bartonella: negative Hepatitis panel: neg BCx: persistently neg
Repeat CTPE :small b/l pleural effusions
-> Oxygen requirements increased > transferred to MICU
CT Head: no intracranial pathologies
MRI: Negative **Procalc:** 0.14
LP: opening pressure 20, protein 105 RBC 2 Glucose 131 WBC 18 Lymphocytes 66
West nile serologies: + IgG +IgM
Dx: West nile Encephalitis

Problem Representation: 78 yo M with PMH of seronegative RA, T2DM, prostate cancer s/p radiation, dry eye and chronic DVT comes to the ED for 1 day due to nausea, vomiting and a new fever with b/l pleural effusions,lymphopeocytosis and positive west nile IgG and IgM

Teaching Points (Gerardo)
Nausea + vomiting + new fever: don't miss inflammation -> whole body imaging
Elevation of lactate: think of sepsis
Empiric treatment of meningitis with ceftriaxone + vancomycin + ampicillin (> 50 yo and neonates) + acyclovir (HSV-2)
Doxycycline to cover for Legionella endemic regions (specially with low Na)
LP with high protein and lymphocytosis pleocytosis: autoimmune (antibody mediated, systemic, vascular, demyelinating), cancer (LBM for solids, leukemia for liquids, paraneo), infection (viral, bacterial, fungi, Coccidioides immitis particularly endemic to southwestern USA)
West Nile virus pearls:
Symptoms 20-30% patients
Main: fever, headache, myalgias, sometimes rash
Neuroinvasive: encephalitis, meningitis, asymmetric flaccid paralysis, tropism for basal ganglia
Can present with neutrophilic pleocytosis
Could cause parkinsonian features, ocular issues, rhabdo, hepatitis, pancreatitis
More likely in warm seasons, higher likelihood closer to the equator
Dx: MAC-ELISA on serum (IgM) on 8th day after symptom onset. CSF non diagnostic