11/13/25 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Alec (@ABRezMed)* ***Case Discussants****: Rabih (@rabihmgeha) & Magnus (@)*

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

Scribing (Gillian)

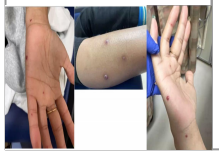
CC: 34 yo F with nose bleeds

HPI: The night before presentation had nose bleed. No trauma. Never before. Some blood clots came out leading to nausea and vomiting. Plugged nose with tissue and was still bleeding when she woke up.
Went to ER and her nose was clamped and the bleeding stopped
No bleeding anywhere else
1 mo ago discharged from neighbor hospital. Stable ongoing fevers, night sweats, chills, palpitations

ROS:
No rhinorrhea, sore throat, urinary sx, odynophagia, dysphagia, abd pain, diarrhea, Positive for SOB, dry cough, nausea, 20 lb weight loss, non-bloody non-bilious vomiting 3x per day, numbness in bl feet (symptoms stable over past 3 months)
Red spots all over body since hospital–not itchy or bleeding (worse over past week). Never happened before

PMH: HIV (been off ART for few years but restarted 1 mo ago)
PSH: VSD repair as child

Meds: Biktarvy, TMP-SMX



Fam Hx: non-contributory

Social Hx: 5 pack year hx but quit 1 year ago

Health-Related Behaviors: lives w/ family, does creative art, recently in TX (has lived in TX, LA, GA, OH) no sick contacts, no pets, distant contact with cat

Vitals: T: 102.9 (39.4) **HR**: 120 **BP**: 115/75 **RR**: 18 **Sat**: 98% RA **BMI**: 20
Exam: Gen: NAD, chronically ill-appearing (cachectic
HEENT: dried blood in nostrils, dry mucous membranes, no obvious ulcers, no thrush, no icterus, normal conjunctiva, no oropharyngeal exudate
CV: RR, no MRG, no JVD, sternotomy scar
Pulm: clear bilaterally, normal effort
Abd: mild hepatomegaly, soft, nontender
Neuro: AOx4, no strength or sensory abnormalities, normal gait,
Extremities/skin: no swelling, warm, pale, no icterus, multiple red papular regions (1-3 mm) on hands, face, head and trunk non blanching, some had ulceration and were TTP
Lymphadenopathy: not tender cervical and inguinal lymphadenopathy (1 cm)

Notable Labs & Imaging:
Hematology:
WBC: 8.2 (87% neutrophils, 7.4% lymphs, ALC 600) Hgb: 7.4 Plt: 37 MCV: 89, CD4: 11 (CD4 3%), viral load: 400K
Chemistry:
Na, K, Cl, HCO3, Cr, BUN, Glucose, Ca, Mg all nl
AST: 19 ALT: 6 Alk-P: 55 Bili: 0.4 Albumin: 3 Total Protein: 7.2
ESR: LDH:high, INR: 1.3., PTT: 37, fibrinogen: 423, LDH: 286, Ferritin: 1220 (Tsat 10%), B12: 197, TChol and triglycerides nl, CRP: 18
Past hospital course: 3 weeks, hepatosplenomegaly, diffuse LAD pancytopenia, diarrhea, SIRs of unclear etiology, Lymph node biopsy showed reactive hyperplasia no GMS, PAS, AFB; negative flow cytometry
Possible HLH (ferritin 6k, IL2RA 3285.4)
Extensive infectious workup only positive for AFB BCx MAC (not treated), fevers improved with CTx/doxy. Bartonella, endemic mycoses, EBC, CMV, syphilis, and G/C negative) no rash documented.
Smear: WBCs increased, lymphocytes with reactive forms, granulocytes w/ left shift, plts decreased, no blasts or schistocytes
Hepatitis B and C: Negative, Covid, flu, rsv negative; UA: bland, Pregnancy test: negative; TSH/FT4 wnl
Infectious workup: fungitell, quantiferon, toco, trep, murine typhus, S CrAg, Parvo, urine histo, cocci all negative; CMV/EBV testing IgM negative but IgG positive, Oral, urine, rectal swabs for G/C neg, BCx NGTD, AFB BCx not repeated, bartonella henselae and quintana IgM and IgG negative
Imaging: EKG: sinus tach with known RBBB, Echo:nl
CXR: nl, CT: dried blood in nasal cavity, pulmonary nodules and R hilar 3cm and mediastinal lymphadenopathy 1.5cm,
CT A&P: hepatomegaly, splenomegaly, mild rectal thickening w/ liquid stool, mesenteric and RP LN (mesenteric node, aortic node, retrocaval)
Skin biopsy: staining for HHV-8 negative, warthin-starry staining PCR of skins positive for bartonella henselae

Dx: Bacillary angiomatosis

Problem Representation: 34 yo F w/ PMH of HIV with CD4 count 11 and high viral load (restarted on ART 1 mo ago) presenting with epistaxis, systemic symptom (fever, weight loss, n/v, sob, chills, night sweats), and diffuse red papular lesions. Found to have bicytopenia, diffuse LAD, and hepatosplenomegaly.

Teaching Points (Shriya)
-Bleeding >isolated or systemic
-**Epistaxis**>bleeding of distal capillaries of nasal septum that erodes with dry air or nasal corticosteroid sprays
-**Position is key**=lean forward and pinch nose for 10-20 mim
-Bleeding with systemic sx >systemic vs hematologic
-**IRIS>**awakening of immune system after acute dec of viral load soon after ART initiation.Most common are TB,crypto,toxo,bartonella,GBS ,PML.Paradoxical vs unmasked.
-Vasculitic rash in HIV> Bartonella and Kaposi sarcoma
-Umbilicated lesions in HIV -Mollusucm,Histo,blasto,TB,crypto
-Bicytopenia >think of MAHA (PBS and hemolysis workup)
-HLH could be a possibility with systemic presentation in HIV
-**Cancers in HIV**
1.HHV8 -kaposi,castleman,primary effusion lymphoma(LDH low)
2.EBV- lymphoma,NHL (LDH high)