10/28/25 Morning Report with @CPSolvers

***"One life, so many dreams" Case Presenter**: Eugene (@EugeneBondzie) **Case Discussants**: Ravi Singh (@rav7ks) and Mengyu (@zhoumy07)*

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

Scribing (Sam B + Lera)

CC: 12yo M **multiple joint & lower back pain** ongoing for the last year.

HPI: Brought to clinic by his parents Previously very healthy. Wrists and ankles, severe at night, then became more mild. Then hip pains became worse. Visited multiple doctors: only abnormal results was mild anemia. Trial of ABx, home remedies including painkillers

Past 5 months has lost weight, reduced appetite, has been missing school, feels warm, having abdominal pain and cough

ROS: no rash, chills, night sweats, vision change, SOB, chest pain.

PMH:
Mild anemia
Recurrent respiratory infections
Normal developmental milestones

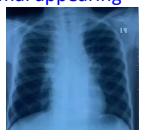
Meds:
Paracetamol ibuprofen
azithromycin
amoxicillin-clavulanate

Fam Hx:
unremarkable

Social Hx: no recent travel Hx. Student. One of 3 children, none of the others are sick

Vitals: T: 38.1 **HR:** 101 **BP:** **RR:** 20 **Sat:** 99% RA
Exam: Gen: chronically ill looking, anicteric, pale
HEENT: Palpable **cervical and axillary nontender lymph nodes**
CV: normal, no friction rub or murmur
Pulm: normal, mild rhonchi at lower lung fields
Abd: flat, mild R hypochondrial tenderness, **palpable spleen**, no hepatomegaly
MSK: tenderness to lumbar spine, no edema, no rash

Notable Labs & Imaging:
Hematology: WBC: 28.8 → 25 *(neutrophil predominant)*
Diff: neutrophils: 16.6 Monos: 1.1 Eos: 4.2 Plt: 487 –> 582
Hgb: 9.2 → 8.8 MCV: 70 → 63 MCH: 22 → 19.5 Retic count: 0.4% (low)
Chemistry: ESR: 135 CRP: 26 Ferritin: 420 LDH: 480
ID screen: HIV negative, Hep B and C negative, EBV and CMV negative
Na: 141 K: 3.8 Cl: 103 Ca: 9.3 Cr: 0.58 LFTs: nl Albumin: 3.3 Urea: 15.6
Urine: 3+ blood, 1+ leuks, no protein
PBS: hypochromic and microcytic anisocytosis, target cells, normal appearing white cells, no malaria or parasites **Hgb EP**: AS genotype



Imaging:
CXR: bilateral hilar lymphadenopathy, mediastinal widening
Chest CT: multiple bilateral noncalcified nodules, largest 0.6cm, bilateral hilar lymphadenopathy, no effusions, normal heart
Abd CT: paraaortic lymph nodes, largest 0.7cm, lytic lesion in L2 vertebral body extending into soft tissue
MRI spine: L2 body lesion with mild signal change, no cord compression
LN Bx: Reed-Sternberg cells
BM Bx: hypercellular marrow with Reed-Sternberg cells

Dx: Hodgkin's lymphoma

Problem Representation: A 12-year-old boy with chronic polyarthritis, systemic "B" symptoms (fever, weight loss, anorexia), and lymphoreticular involvement (hilar and para-aortic lymphadenopathy, splenomegaly, marrow infiltration)

Teaching Points (Saketh)

1)**Joint Pain** - Single joint (extra-articular) vs Multiple Joints (intra-articular). Inflammatory vs Non inflammatory joint pain (Associated features, labs and imaging can help us make progress)

2)**Joint Pain + Systemic features**: Infectious (chronic)/Malignancy/Autoimmune etiology(look for extra-articular clues).

3)Chronic inflammatory disease + Reticuloendothelial activation (Hepatosplenomegaly + LAD) + Lumbar Spine involvement: Apart from common Infx and Autoimmune etiologies - consider chronic granulomatous Infections (TB), HIV, Still's disease, leukemias(ALL)
Recurrent respiratory infections in a child: Think about immunodeficiency disorders or dysregulated production of immunoglobulins

4) **Labs**: Elevated ESR/CRP (non specific markers for inflammation) and WBC (Leukemia/Infections) + Anemia (AOCD/Iron deficiency) + Thrombocytosis (reactive) + elevated LDH (increased cell turnover)

5) **Imaging**: Multiple non calcified nodules with Extensive Lymph node involvement (hilar and paraaortic) along with soft tissue involvement: LCH, Multiple Myeloma, Lymphoma, Infections, histiocytic disorders.