12/10/25 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****:Ravi* ***Case Discussants****: Sharmin (@) & Magnus (@)*

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

Scribing (Mohammed)

CC: 24YO female with SOB, chest pain for 1 week.

ROS:
Recent IV drug use before her presentation

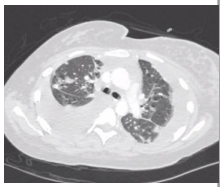
PMH: IVDU
3 uncomplicated c sections

Meds:
Methadone for drug abuse (heroin)

Social Hx:
smoking

Vitals: T: 101 **HR: 105** **BP**: **89/65** **RR**: 20 **Sat**: **80% on RA**
Exam: Gen: **appear sick (toxic)**
Pulm: **b/l diminished breathing sounds, crackles in upper lobes**
Extremities/skin: healed skin injection site

Notable Labs & Imaging:
Hematology:
WBC: 15K (neutrophilic predominance) **Hgb: 8** Plt: 200K **MCV: 68**
Ferritin 150, serum iron: low, **transferrin saturation: 1%**, LDH:254 haptoglobin: nl
Bilirubin: nl TIBC: nl Chemistry: Normal
Baseline hgb 8-9, chronic IDA (menorrhagia)
Coagulation profile: PT 19, PTT 43, INR1, Fibrinogen 4.99



Imaging:
CXR: b/l pleural effusion
CTA: b/l **pleural effusion (more on the Rt), septic emboli.**
Blood culture: **grow MSSA** > Started on oxacillin then changed on **cefazolin**
After ABX she complaint from SOB and chest pain > loculated pleural effusions
Echo: showed vegetations on tricuspid valves
Bilateral chest tubes are placed, over the night, the **pt had hemoptysis and blood comes from both chest tubes, her Hgb dropped to 6** > warranted blood transfusion
Coagulation profile NOW PT 40, PTT 86, INR: 4 Fibrinogen 5.55 Thrombin 19.4
Plt normal; LFT: normal, RFT: normal; D-dimer elevated

Mixing study corrected PT, PTT, INR
Patient received Vitamin K and stopped the bleeding.

Dx: Cefazolin-induced vitamin k-dependent clotting factor deficiency

Problem Representation: 24YO female with previous history of IVD use, presented with SOB and chest pain for 1 wk. She was hypoxic and hypotensive. She had anemia and abnormal coagulation profile that was corrected by mixing study. She was ultimately diagnosed with clotting factor (2,7,9,10) deficiency caused by Cefazolin.

Teaching Points (Saketh)

1) SOB + Chest Pain: Think about 3 etiologies (cardiac causes, pleural disease, pericardial disease)
H/O Drug Use: Also think about Vasospasm, Infx (Endocarditis)

2) Suspicion for sepsis: look for source of infection (lungs, lines, bowel, and bladder)

3) Anemia in a young female: Treat as acute until proven otherwise (e.g. hemolysis). Think about sites where blood can hide. Microcytic Anemia: Think about IDA (Low %Tsat) and Thalassemia

4) Bleeding from Chest Tubes, Hemoptysis: Is it systemic: DIC, or local complication like trauma/pulmonary infarction. Coagulopathy: DIC vs Liver dysfunction vs sepsis vs Vit K def

5) Mixing studies correct when the problem is a factor deficiency and fail to correct when a circulating inhibitor is present.

6) 1st Gen cephalosporins cause impaired carboxylation of 2,7,9, 10 clotting factors