1/9/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: *Ravi (@rav7ks)* **Case Discussants**: *Rabih (@rabihmgeha) & Zakariyya G (@)*

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

Scribing (Gillian)

CC: 29 yr old women presenting with one month of cough and gross hematuria.

HPI: had episodes of mild hematuria and dysuria and given abx without resolution. Worsening hematuria 1 week ago. Also had fever. Cough w/ blood in sputum. Inhalers provided some relief, stopped smoking.
Hospitalization for asthma exacerbation 3-4 times/ year

ROS: fever, cough w/blood

PMH:
Asthma
Sickle cell trait
Pneumonia 1 yr ago
Tonsillitis 6 mo
Sinusitis in the past

Meds:
Fluticasone inhaler
Albuterol inhaler

Fam Hx:

Social Hx:

Health-Related Behaviors: smoking
Substance use (crack/ cocaine), heroin or fentanyl smoking

Allergies:

Vitals: T: 100 **HR**: 104 **BP**: **RR**: 20 **Sat**: 90% RA **BMI**:
Exam: Gen: young, thin, female, moderate distress
HEENT: blood in sputum, blood around mouth
CV: nl
Pulm: mild expiratory wheeze
Abd: left flank severe pain
Neuro: nl
Extremities/skin: no edema, no petechiae, bruising

Notable Labs & Imaging:

Hematology:
WBC: 11 Hgb: 9 Plt: 180

Chemistry:
BMP, renal, coags nl
ESR: 40 CRP: 3.58 LDH:
UA: large blood too numerous to count, some wbcs, no proteinuria
Autoimmune: ANCA: neg, Anti GBM: neg, complement: nl
Infectious: HIV: neg , HBV: neg, HCV: neg , AFB x3: neg, aspergillus IgE: neg

Imaging:
CTA chest: bilateral ground glass opacities, mediastinal lymphadenopathy
CT Abdomen: left renal mass (8 cm), extensive retroperitoneal adenopathy, compression of left renal vein
PET CT: pulmonary and osseous metastases
Biopsy: renal medullary carcinoma

Dx: Renal medullary carcinoma

Problem Representation: 29 yo female w/ smoking hx and pmh of asthma, sickle cell trait, and substance use disorder presents with cough and gross hematuria. She was found to have left renal mass, retroperitoneal adenopathy, pulmonary and osseous metastases.

Teaching Points (Vale)

Hematuria: Microscopic (GN is no miss dx) vs macroscopic (age + risk factors = malignancy)

Why people bleed?

- Vessel wall issue: malignancy-induced angiogenesis, trauma, vasculitis. .
- In the blood itself: Coagulation, platelet problem.

Pulmo renal connection through the vessels. Ex. eosinophilic polyangiitis with granulomatosis (EGPA)

Common things being common, pyelonephritis is invoked with fever + flank pain. Entertain the possibility of multiple things happening at the same time.

Asymmetry as a clue to differentiate a diffuse process (ex. coagulopathy) vs a multifocal structural process (ex. Tumor, clot)

Get the juice out of negative results. The *absence* of proteinuria lowers the possibility of glomerular bleeding.

GGOs suggest liquid (pus, water, blood) in the lung. Coexistence with a *solid* structure - lymph nodes - invoke it can actually be liquid 2/2 congestion - heart disease (lymph nodes can be filled with water, too!)

The renal medulla is very vulnerable to sickling, over time SCD can lead to medullary renal carcinoma.