



2/19/26 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Ramaswamy (@Dr_RamaswamyS) Case Discussants: Rabih (@rabihmgeha) & Hans
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Eyron)
CC: 75/F p/w 2 months progressive chest pain, now limiting daily activities

HPI:
 2-2.5 months ago, onset of chest pain, sharp, present everyday, worse with movement and deep breath, not worse with exertion, no prior chest pain

Also a/w b/l shoulder pain L>R and upper back pain described as difficulty raising arms overhead and b/l hand swelling L>R

Right sided hip pain, not associated with swelling at knees and ankles
 Dysphagia to solids and globus sensation, no GERD sx

Chronic headaches, no change in quality or character, not associated with vision changes, but with jaw pain over the last week

2 prior ED visits for CP tx with Levofloxacin and steroids without improvement

ROS: no fever, no rash, no history of trauma

PMH: HTN, OA, glaucoma s/p enucleation

Social Hx: No tobacco, etoh, or drug use

Health-Related Behaviors: Born in Mexico, neg TB, (+) dog at home

Vitals: T: 97.3 HR: 98 BP: 126/54 RR: 24 Sat: 97% on 1L NC BMI: 36.5

Exam: Gen: NAD | HEENT: nl | CV: tachycardic, no m/r/g | Pulm: ctab | Abd: soft, nt | Neuro: wnl | Skin: Mole on anterior chest

Extremities: warm, well perfused, no edema, pain in b/l shoulders with active ROM, passive ROM wnl, no erythema, swelling, or warmth, limited ROM of neck 2/2 pain but w/o nuchal rigidity, strength 4/5 b/l upper extremities limited 2/2 pain, strength 5/5 b/l lower ext, sensation nl

Notable Labs & Imaging:

Hematology:
 WBC: 13.2 [neutrophilic] Hgb: 9.2 Plt: 477 MCV: 86

Chemistry:
 Na: 134 K: 3.6 Cl: 95 HCO3: 26 Cr: nl BUN: 11 Ca: 8.5 Phos 2.9 | AST/ALT: nl | Alk-P: 255 Albumin: 2.8 Total Protein: 6.6

UA wnl | CK 29 | ESR: 135 | CRP: 11

Imaging:
 EKG wnl | TTE: EF 65%, nl LV size/function, small pericardial effusion, normal RV size/function, mild TR, RVSP 38

Temporal artery US: no signs of temporal arteritis

MRI b/l shoulders: feathery muscular edema, enhancement of shoulder girdle muscles, rotator cuff tendinopathy, degenerative changes with synovial/bursal enhancements indicative of synovitis

CTA Chest: small segmental, subsegmental pulmonary emboli in RLL, subtle hypoattenuation of left femoral vein suggestive of DVT

HIV, Quantiferon gold neg, cocci serology negative

Autoimmune serologies:
 ANA 1:2560, anti-dsDNA (+), NXP2 and SSA (+), Anti b2 glycoprotein, antihistone AB (+) RF+ at 264

Anti-cardiolipin, lupus AC, anti-smith, anti Jo neg | CCP negative | Complement nl

PET: multifocal areas w/ uptake in pericardium and pleura b/l, lymphadenopathy in the neck, diffuse uptake in msk tendons in shoulders, knees, ankles, wrist, forearm |

FNA Cervical LN biopsy: nl | EGD/colonoscopy: nl

Dx: SLE w/ inflammatory myositis c/b serositis and VTE

Problem Representation:
 Elderly female p/w gradually worsening chest pain, joint pains, dysphagia found to have elevated inflammatory markers, imaging revealed pericardial effusion, VTE, and joint involvement c/w synovitis. Serologies positive for ANA, anti-dsDNA, NXP2, SSA, anti b2 glycoprotein, anti histone AB, and RF

Teaching Points (Pavandeep)

Approach to CP:

- Default 4+2+2, mediastinal structures (exc. Lung parenchyma), metabolic, anaemia
- **Manifestation of disease=** disease pathophys + patient experience (psychosocial)
 - Case: delayed presentation? cause

Positional C/P: disease entity irritating serosa (pleura, pericardium)

- @ MSK involvement= synovial surface, bony thorax
 - Case: shoulders + hips -(broader Dx), whereas hands (narrow dx)

Localisation B/L periartthritis from exam

- Periarticular structures + adjacent structures (ligament, tendon, bursa)= @ active AND @ passive movement
 - Case: PMR?

PMR vs PMR mimic

- Ivx: Bloods: CPK, ESR, CRP, RF, CCP, TSH
- Mimics: inflammatory myopathies, late onset RA (20% all RA), adrenal insufficiency, hypoTH
- Rx: @ response steroids= boo! DOUBT the Dx, if responsive = yay!

PMR refractory to steroids

- **RED FLAGS:** GCA sxs —worry due to vision loss
- **GCA- medium vessel issue BUT subtle small vessel involvement → sxs**
 - Case: Globus sensation, dysphagia, hepatic inv. (raised ALP)
 - Jaw claudication (chewing gum test), hand pain (peripheral PMR - would CHECK PULSES to ensure no subclavian ischemia invl.)
- **Thrombocytosis + neutrophilia= screams GCA**

Ivx and Rx of GCA:

- Temp bx 90% sensitivity but 50% if more distant sxs from face (e.g hepatic involvement ∴ aortitis phenotype)
 - Case: CTA chest w/ aortic protocol, B/L temp art bx ^^ dx yield
- Rx: high dose steroids (det. Risk of VL e.g amaurosis fugax)
 - Steroid: PJP proph, vit D, PPI please

Radiology:

@ **PMR** → synovial // bursal // pericardial disease, but still don't let go of possible GCA

Paraneoplastic PMR → due to presence of venous thromboembolism

- Evaluation: MRI chest + CTAP +/- PET

Atypical compilation of clinical picture → obtain tissue

Case: elderly, normal CK does not r/o myositis, NXP2 a/w ^ RF Ca