



3/23/26 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Krishi and Maddy Case Discussants: Alec (@ABRezMed) & Austin (@RezidentMD)
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Seeme and Vale)
CC: 27 y old FM with bilateral hip pain for 3 hours
HPI: fell in bathroom and heard a pop, was on ground for 5 min before assistance, non radiating pain in hips and buttocks, no loss of consciousness
ROS: R lower back pain, buttock and leg pain, bilateral feet tingling
 No fever/chills/night sweats. No syncope or palpitations.

Vitals: T: afebrile HR: 105 BP: 154/140 RR: 19 Sat: 100%on RA
Exam: Gen: alert, in distress and pain
HEENT: anicteric, EOM intact
CV: nl. **Pulm:** nl. **Abd:** soft non-tender
MSK: R LE short and externally rotated, R hip pain with active and passive ROM, no joint effusion, no spinal tenderness
Neuro: neurovascular nl

Problem Representation: 27 y old FM with PMH of SLE and kidney transplant presented with bilateral hip pain for 3 hours after a fall. Patient was found to have elevated PTH and had displaced R femoral neck fracture and multiple osteolytic lesions on imaging.

Notable Labs & Imaging:
Hematology:
 WBC: nl Hgb: nl Plt: nl MCV: nl

Teaching Points (Magnus)
Acute hip pain
 Trauma/mechanical often asymmetric
 Symmetric -> think *microscopic/diffuse* (nerve, vessels, electrolytes)
 Hyperacute (electrical, *rupture/break*, obstruction, molecule)
 Tingling in feet -> cord involved? Ask for bowel/bladder sx

PMH: SLE (at 8 yrs)
 CKD
 Chronic Pain
 HTN
 OSA
 Anemia
 DVT in R arm
 Anxiety, Depression
 Dialysis and kidney transplant (at 16yrs)
 L hip replacement
Meds:
 Tizanidine, Calcium,
 Apixaban, Prednisone,
 Oxycodone, B-complex,
 Clopidogrel,
 Hydralazine,
 Cinacalcet, Alprazolam

Fam Hx: SLE in mother
 Depression and anxiety in father
Social Hx: -
Health-Related Behaviors: nicotine, marijuana, stopped smoking 3 years ago
Allergies:
 Morphine (hives)
 Vancomycin (hives)
 Ondansetron (hives)

Chemistry:
 Na: 132 K: 5.3 Cl:98 HCO3: 23 Cr: 7.92 BUN: 40 Glucose: 81 Ca:9.4
 AST:23 ALT:9 Alk-P: 962 Bili:0.4 Albumin: 2.7 Total Protein:nl
 PTH: 3766 ANA: 1:320 Anti-dsDNA: unknown

Imaging:
 X-ray: displaced R femoral neck fracture
 CT hip: Fractures of R femoral neck, multiple osteolytic lesions in R superolateral femoral head, L pubic symphysis, L superomedial ileum, SI joints
 SSA and SSB: neg
 R kidney biopsy: T cell mediated rejection

Risk factors
 CKD (etiology?) -> 2nd hyperparathyroidism (*bone*)
 Apixaban + clopidogrel -> bleeding (*vessels*)
 Oxycodone + alprazolam -> falls (*CNS*)
 Transplant (prednisone) + CKD -> infections

Severely elevated alk phos + presumed hip fracture
 Hepatobiliary vs. bone
 Vit D deficiency ie from CKD -> *diffuse* osteoblastic activity, or other diffuse bony disease (Pagets)
get GGT, vit D, PTH, imaging

Severely elevated PTH
 Primary (adenoma/carcinoma) vs secondary (CKD) vs tertiary (longstanding 2nd -> hypercalcemia)

Dx: Renal osteodystrophy 2/2 SLE and chronic transplant rejection