



6/6/26 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Jeffrey (@) Case Discussants: Rahul (@RahulPottabath1)
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Jahanvi)

CC: 32 Y F presenting with **painful red right eye**

HPI: **1 month ago**- developed redness, pain, and progressive **blurry vision** involving the right eye. She described a gritty sensation “**like sand**” in the eye as well as marked sensitivity to light. The symptoms gradually worsened over several weeks.

ROS: She denied freshwater exposure, animal exposure, pets, recent infections, oral ulcers, genital ulcers, inflammatory back pain, chronic cough, dyspnea, fevers, night sweats, or joint swelling. She also has “**blacking out**” episodes, occurs when watching TV at home. She denied falls, witnessed convulsions, tongue biting, incontinence, chest pain, or exertional syncope. She occasionally noticed **palpitations**.

-Also developed **diffuse hair loss**, noticing **increased hair shedding** in the shower and on her pillow. Associated **scalp pruritus** had led to concern for scabies, and she underwent several rounds of treatment without improvement.

-She also reported **chronic pruritus** involving her lower legs and heels

-Fifteen-pound **weight gain over the prior year**, frequent **stress eating**, Muscular heaviness in shoulder and thighs (when climbing stairs), has been told her **eye twitches** (by friends)

PMH: Generalized anxiety disorder

Meds: Vitamins & “Pandan”herbal supplements

Fam Hx: none

Social Hx: From Thailand 4 years ago, visited Thailand 6 months ago. Work as a lab scientist

Vitals: T: HR:106 BP: 144/88 RR:16 Sat: 99% BMI:

Systemic exam: NS

Rheumat exam: No synovitis or lymphadenopathy

- Diffuse scalp thinning without rash, scale, or scarring
- Lichenified thickened skin over the heels consistent with **lichen simplex chronicus**
- **Fine resting tremor of both hands**

Notable Labs & Imaging:

Hematology: WBC: 6.8 Hgb: 13.1 Plt: 286

BMP: nl Cr: 0.68 AST: 24 ALT: 29

ESR: 18 CRP: 0.4 CK: 82 Vitamin D : 22 Vit B12: 612

EKG: Normal sinus rhythm & sinus tachy

Echo: Normal

CXR: b/l hilar fullness

CT Chest: NA

Negative urine drug screen and Urine pregnancy test

Ophtha exam: **Anterior Uveitis**

Rheumatological evaluation: ANA 1:2560; RF 42 IU/mL; CCP

negative; ENA panel negative; C3 122 mg/dL; C4 28 mg/dL; UA: nl

Urine protein/creatinine ratio 0.06 g/g

HLA-B27 negative ACE: 52 (elevated)

Negative (QuantiFERON-TB Gold/ Syphilis/ HIV/ Hepatitis A, B, and C/ Lyme/ Bartonella) serologies.

TSH: undetectably low, T3/T4 high

TSIG: positive TSH receptor antibody: positive

Dx: **Uveitis secondary to Graves disease**

Problem Representation: A 32 Y/F with new U/L anterior uveitis, diffuse alopecia, tremor, tachycardia, weight gain, proximal muscle heaviness, and positive thyroid autoantibodies was found to have overt Graves disease, with negative infectious and systemic rheumatologic evaluation except high-titer ANA (non specific) and elevated ACE.

Teaching Points (Julia)

Painful red eye: inflammation (anterior/posterior chamber, conjunctiva, lens)

-Red flags: loss of vision, subacute/acute/chronic course, chemosis, drainage

-Risk factors: contact lens, exposure to water, use of medications

Blurriness of vision: more concerning than pain → pain can have disfunction or not. However, blurriness always have disfunction

-Important to consider if the blurriness is a consequence of eye inflammation or a separate disorder

-Associated systemic symptoms: fever, joint pain → inflammation of unknown etiology. Important to know if the inflammation is from the eye or if is coming from another place (sarcoidosis)

Blacking out episodes: what is triggering? Precipitating symptoms? (chest pain)

-Cardiovascular syncope vs seizure

Uveitis: autoimmune disease (Ankylosing spondylitis), sarcoid, vasculitis, infections

- Immune-mediated disease: focal (usually unilateral) vs systemic (bilateral, associated symptoms)

-High ANA: not pathognomonic of autoimmune disease

Weight gain: usually weight loss in inflammatory/comsuptive disorders.

-Thyroid disorders (check TSH), cv disease (edema)

- Check if the pt is eating a lot (psychiatric disorders vs endocrinologic)