8/1/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Jeffrey **Case Discussants**: Jeffrey & Eyron

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

Scribing (CPS Fam <3):

CC: 60F with 2 weeks of bl eye heaviness and painless blurry vision

HPI: Patient visited ophthalmologist before presenting, eye exam normal at that time.

ROS (+): new swelling and pain of ankles and knees, bl hip pain R > L.

ROS (-): No eye pain or double vision, no jaw issues or fevers, headaches

PMH:
Seroneg RA
HTN, HLD
MASLD

Meds:
HCTZ + amlodipine
simvastatin
HCQ
Intermittent NSAIDs
[recent increase in frequency]

Social Hx:
No recent travel

Exam: Eye exam done by optho: nl
Gen: bl periorbital edema
CV: wnl **Pulm**: wnl **Abd**: wnl **Neuro**: wnl
Extremities/skin: bl LE pitting edema, no synovitis, mild tenderness. Small bl knee effusions, no warmth or erythema, crepitus + . DIP + bony protrusions, no rashes

Notable Labs & Imaging:
Hematology: WBC: 6.4 (nl diff) Hgb: 13.2 Plt: 258 MCV: 84

Chemistry: Na: 139 K: 4 Cl: 104 HCO3: 25 BUN: 15 Cr:1
AST: 74 ALT: 43 ALP: 90 T. Bili: T. protein: 5.4 Alb: 2
UA: 4+ protein, no blood, no WBC, no casts
UPCR: 6.5 g/g
Rheum screen: ANA:1:640, **ENA panel** neg
RF and CCP: neg**, C3 and C4** nl**, ANCA** neg
ID screen: HCV, HBV, HIV neg
SPEP and UPEP: nl

Imaging:

Hand x rays: Osteophytes and joint space narrowing in PIP and DIP

Knee X-ray: Osteophytes and joint space narrowing in knees

Renal biopsy: Minimal change disease of kidney

Dx: Nephrotic Syndrome (Minimal change disease sec. To NSAIDs) and Osteoarthritis

Problem Representation: 60 year old patient with seroneg RA presenting with bilateral eye heaviness and blurry vision associated with bl periorbital edema and bl LE pitting edema found to have nephrotic range proteinuria and hypoalbuminemia

Teaching Points (Daniel)

For superficial organ complaints ask "how did the disease get to the surface?"
IE if patient has blurry vision - we can think of causes that are:
structural (cellulitis) vs functional (blood vessels and nerves)

Blurry vision
- sudden onset vs progressive: faster changes in vision are more dangerous ie vascular and trauma
- Unilateral vs bilateral vision issues: unilateral more likely to be a dtructural/local issue vs. bilateral can be a lesion more distant from the eyes, such as the brain.

Eye exam and patient complaint discordance - how do we reconcile?
Inside the eye vs outside the eye - when discordance between complaint and affected organ, think about neighboring organs

RA flare determinant: swelling more prominent in previously affect organs, worsening erythema, and treatment response can help determine

Causes of pitting edema - pump issues, flow issues, vasculature issues

Nephrotic syndrome:
Low albumin - consider liver issues as well
Nephrotic range proteinuria

Masterclass on considering unifying diagnosis vs multiple diagnosis. Important to consider both and assess probability of each.

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Scribing ():

CC:

HPI:

ROS:

PMH:

Meds:

Fam Hx:

Social Hx:

Health-Related Behaviors:

Allergies:

Vitals: T: **HR**: **BP**: **RR**: **Sat**: **BMI**:

Exam: Gen:

HEENT:

CV:

Pulm:

Abd:

Neuro:

Extremities/skin:

Notable Labs & Imaging:

Hematology:

WBC: Hgb: Plt: MCV:

Chemistry:

Na: K: Cl: HCO3: Ca: Mg: BUN: Cr: Glu:

AST: ALT: ALP: T. Bili: T. protein: Alb:

ESR: CRP: LDH:

Imaging:

EKG:

CXR:

Echo:

Problem Representation:

Teaching Points ()