2/2/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Eyron (@)* ***Case Discussants****: Youssef (@saklawiMD) & Seeme (@youucantsee_me)*

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

Scribing (Lera)

CC: 45F with **fever**

HPI: Acute onset 2 days ago. T max 38, associated with chills. Took Tylenol w/ + effect. 1 d prior was able to go to usual HD session.

Then few hours prior to presentation R shoulder and upper back pain, R sided headache developed. No fevers at that time.

-> ED for evaluation.

ROS: **non localizing.**
No cough, sore throat / no dysuria / dizziness / abdominal pain, nausea, vomiting.

PMH:
HTN
HLD
ESRD on **HD** [R IJ cath]

*2 w ago admitted for oliguria -> **R IJ cath** placed*

Meds:
Amlodipine
Atorvastatin
EPO

Fam Hx: –

Social Hx:
bank worker

Health-Related Behaviors:
previous smoking

Allergies: –

Vitals: T: 38 **HR**: 63 **BP**: 120/80 **RR**: 20 **Sat**: 99%

Exam: Gen: awake, alert **CV**: nl **Pulm**: nl **Abd**: nl
HEENT: IJ cath no discharge / erythema, minimal pain
Neuro: AO x 3 **Extremities/skin**: no peripheral edema, shoulder ROM nl, no erythema or swelling, upper back also normal appearing

Notable Labs & Imaging:
Hematology:
WBC: 14 **Hgb**: 9.5 **Plt**: 125 MCV: 89

Chemistry: Na: 132 K: 3.6 Cl: 96
Cr: 6.1 [bl 6.6] BUN: 32
UA: glucose +, large blood, RBC 62, WBC 1

CXR: nl, minimal L pleural effusion
BCx: + MSSA Staph aureus [both central & peripheral]

TTE: unremarkable

Dx: catheter associated bloodstream MSSA infection

- *In ED started on Gram negative coverage + vancomycin -> anti-staph penicillin after BCx came back*
- *Catheter exchanged*
- *Improved on ABx in few days, no recurrence of Sx [shoulder and back pain attributed to IJ cath placement].*

Problem Representation: A 45 y/o lady with Hx of ESRD of unknown etiology on HD via right IJ catheter presented with acute inflammatory syndrome without clear source. BCx grew MSSA.

Teaching Points (Mohammed)

1. **Fever (IMADE mnemonic)**: infectious etiology are more common than others (pneumonia, UTI, abdominal, skin/soft tissue, **Bacteremia**).
2. **Upper back and R shoulder pain**: could be from hematogenous septic arthritis Vs. Radiated pain (not painful locally)
3. **Dialysis:** Immunocompromised host (Uremia > immune dysfunction or structural immunocompromised (through dialysis line) > low threshold to get BCx
4. **Bacteremia >** BCx >> ABx (IJ catheter >> organisms (GP: Staph/strep), especially **MRSA** (by **vancomycin**/ceftriaxone). Since there is no GU/GI infection > we don't cover GN/anaerobes.
5. Think about the origin (e.g skin) and seeding of Staph (e.g endocarditis, joint, abscess, meningitis, spine).
6. ABx duration (2 weeks for bacteremia vs 6 weeks for endocarditis)
7. https://clinicalproblemsolving.com/gpc-to-staph-journey/