



5/30/26 Morning Report with @CPSolvers

"One life, so many dreams"

Case Presenter: Jeffrey

Case Discussants: Jeffrey & Joshua (@JoshuaOommen2)

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



Scribing (Lera)
CC: 60M **found down**
HPI: **Fallen down** in the middle of the field in a wooden area, witnessed by friend. **Encephalopathic** afterwards.

As per EMS: Awake, intermittently sleepy, doesn't respond to Qs or follow the commands. **Vitals:**

T: 106 **HR:** 120 **BP:** 98/54 **SpO2:** 89%

2 mo prior: hospitalized for palpitations -> Afib w/ RVR. UCx & BCx: Pseudomonas.
 DC on metoprolol and rivaroxaban

2 weeks prior: concern for infected foot ulcer. DC on linezolid -> *stopped in ED due to concern for SS.*

PMH: HTN, T2DM c/b neuropathy & diabetic foot ulcer, Afib, CAD, PAD, CKD [cr 1.2 on bl]

Meds: Aspirin
 Pentoxifylline
 Valsartan
 Amlodipine
 Metoprolol
 Atorvastatin
 Alirocumab
 Rivaroxaban
 Duloxetine
 Pantoprazole
 Tirzepatide
[started 1 mo ago]

Exam: **Gen:** awake, disoriented, somnolent **Neuro:** no FND
Extremities/skin: bruising on L side of the body, warm
L knee effusion + exquisitely painful to touch

Otherwise unremarkable.

Notable Labs & Imaging:
CT head: nl
Hematology: **WBC:** 18 [N] **Hgb:** 8.4 [bl 9-10] **Plt:** 310
BMP: Na: 131 K: 5.5 HCO3: 17 **Cr:** 6 **BUN:** 98 **Gluc:** 238
Knee tap: 145K WBC [95% N], no crystals, [+] GPC in clusters
 -> **Cx grew MRSA**

UA: many WBCs, RBCs
Proteinuria: 1.8 g/g

CT foot: no osteomyelitis
TTE: neg **BCx:** 4/4 MRSA
Rheum: ANA 1:160 [RNP +], Lupus AC +, RF, CCP, ANCA, anti-GBM — negative. **Complements:** C3 low [58], C4 nl [18]

CT chest: nl **CT A/P:** bl perinephric stranding, splenomegaly of 19 cm, bladder wall thickening
MRI brain: questionable areas of diffusion restriction

UDS: methamphetamine, cocaine, marijuana
TEE: 1.2 cm MV vegetation

Dx: MRSA IE.

Problem Representation: A 60 y/o gentleman was found down. Has a Hx of DM c/b by recent infected foot ulcer -> now found to have septic arthritis, multiple strokes, splenomegaly and MRSA bacteremia. Despite negative TTE, TEE showed MV vegetation.

Teaching Points (Sana)

Fall - sensory apparatus (eyes, vestibular system), msk.
 - a/w transient LOC?
 - Consequences? No miss - SDH

Encephalopathy - MIST and mimics
 - Structure (intrinsic to the brain) vs Substance
 - Consider patient vulnerabilities
 - Cause or consequence?

Localizing exogenous insult - consider systems w/ low physiological reserve, localizing features

Hyperthermia - heat stroke? Toxidrome? Inflammation?
 Knee pain + effusion - monoarticular inflammatory pathology
 - Septic arthritis? Osteomyelitis? 2/2 uncontrolled DM + PAD?

Medication induced S/E: timeline varies from drug to drug (most drugs < 1 month)
 - Duloxetine + linezolid - serotonin syndrome?

Elevated Cr: AKI - prerenal (dehydration) + Renal (exertion in heat + possible rhabdo)

>50K WBC in synovial aspirate - high likelihood of septic arthritis; Abx failure?
 -Wrong drug? Wrong bug? Wrong duration? Non-adherence?

WBC in UA - infectious glomerulonephritis? d/t diabetic foot?

Diffusion restriction on MRI brain - stroke until proven otherwise >>> seizures
 Splenomegaly - cells > fluid

Multiple infectious foci - blood is the bridge - high suspicion for IE
 Dx of IE - TEE > TTE