5/8/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Gorata (@) **Case Discussants**: Manaswini (@manaswiniikeshav) & Rabih (@rabihmgeha)

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

Scribing (Lukas)

CC: 29 yo female with chronic headaches

HPI: from somali; waking up with headache since childhood, occipital in nature, radiating to the posterior neck; takes daily NSAIDS; headaches returns consistently in the evenings; associated shoulder pain due to muscle tension; localized superficial neck/throat tenderness more prominent on the left starting a year prior; not affected by swallowing or neck movement

ROS (-): no vision changes, dizziness, numbness, tingling, dysphagia, no tachykardia, tremor, cold intolerance, fatigue, weight gain/loss or anxiety

PMH:
Class I obesity
Chronic headaches
G3 P3 2x vaginal birth

Meds:
tylenol
Aleve
amitriptyline

Fam Hx:
No cardiovascular diseases, nor endocrine

Social Hx:
Lives at home with kids + husband, not working

Health-Related Behaviors:
No alcohol, tobacco or recreational drugs

Allergies:
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Vitals: **T**: 98,7 **HR**: 94 **BP**: 136/72 **RR**: **Sat**:98% **BMI**: 30-35
Exam: **Gen**: well appearing female, obese
HEENT: no cervical lymphadenopathy, no tenderness to palpation of the neck and thyroid
CV: regular rhythm, no murmurs, normal perfusion
Pulm: - **Abd**: - **Neuro**: non focal
Extremities/skin: full range of motion of the cervical spine; no lower extremity edema

Course: was sent home with amitriptyline for higher concern of possible primary headache
Labs:
TSH: normal; **Lipid panel**: wnl, **Hba1c**: wnl

Imaging:
US Thyroid: normal gland size and structure; abnormal intimal hyperplasia of the carotids
Doppler: abnormal , moderate intimal hyperplasia of her internal, external and common carotids, resulting in luminal narrowing
ESR: 60 **CRP**: 43.3 **ANA** + **autoimmune panel**: negative
Clinic repeat examination:
CV: systolic low rumbling murmur in aortic region bilaterally to the carotids; tachycardia
extremities: diminished radial pulses **BP**: not measurable, multiple attempts
CTA: showed mild circumferential mural thickening and mild narrowing of the entire right common carotid artery, severe mural thickening, severe circumferential narrowing of the left common carotid artery just past the origin with high grade stenosis. An occlusion of the proximal left subclavian artery, left common carotid artery, left internal carotid artery, proximal left vertebral artery and left cavernous paraclinoid in ICA, internal carotid artery

Rx: admitted: high dose steroids + antiplatelet therapy
-> Humira + Aspirin -> improvement headaches, MSK symptoms

Echo: no valvular heart disease, EF 60-65%
normal renal function, no neuro deficits
PET-CT: wnl

Dx: Takayasu arteriitis

Problem Representation: 29 yo female presenting with long lasting headaches and MSK symptoms associated with elevated inflammatory markers and diffuse wall thickening of greater arteries turned out to be Takayasu arteriitis which is in remission on Rx with Adalimumab after high dose steroids.

Teaching Points (Glen)

-Chronic Headaches: Look for any vulnerabilities e.g immunosuppression. Substance vs structure. Primary(often transient and resolve) vs secondary (variations in severity by time of day), often persistent with no variations.

-Headaches + Obesity: Endocrine causes (e.g cushing & pituitary causes). Neck crowding(OSA, PSEUDOTUMOR CEREBRI due to compression of blood vessels increasing ICP).

-Carotid artery Intimal Hyperplasia: Possibly unrelated to headache. Common cause is atherosclerosis but with no risk factors. Imp to investigate for vasculopathy / vasculitis(inflammatory markers). ?Vasculitis(important to investigate extent of the disease).

-Systolic murmur: Stenosis in the carotids, Bicuspid aortic valve, HOCM.

-Vasculitis affecting aorta: Takayasu, GCA, syphilis, cogan.