2/12/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Riku (@)* ***Case Discussants****: Rabih (@rabihmgeha) & Julia Z (@juliazanco)*

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

Scribing (Manaswini)

CC: 21 Y/O female with fever, painful swallowing and B/L ankle swelling

HPI: 4 days prior to presentation, she developed painful swallowing and **white patches on her throat.** 2 days prior, she developed pain in the left ankle followed by right prompting her to come to ED. Reported using wheelchair to use the hospital bathroom due to ankle pain

Spot like rash on B/L legs, no itching

ROS: Myalgia present. No H/O headache, vomiting, nausea, diarrhea

PMH: Osgood Schlatter diseases at 15

Meds: -

Fam Hx: -

Social Hx: Travelled to India and Cambodia x 3 months back
Works as an Intern at a company

Health-Related Behaviors: -

Allergies: Ibuprofen

Vitals: T: 37C **HR**: 108 **BP**: 118/80 **RR**: nl
Sat: 97% on RA **BMI**: 21 kg/m2
Exam: Gen: In distress **HEENT**: Erythematous pharynx with swelling, **non painful palpable LN**
CV: No murmurs **Pulm**: B/L air entry present
Abd: soft non tender, no rebound or guarding
MSK: Very **swollen and warm R & L ankles with severe tenderness** with Limited ROM. Mild pain in both knees
Skin: Multiple non blanching rashes seen. No rashes elsewhere



Notable Labs & Imaging:
Hematology: WBC: 10.4 (14-L 78-N E-0.5%) Hgb: 13.6 Plt: 206
Chemistry: Na: 140 K: 3.7 Cl: 106 Cr: 0.6 BUN: 9
AST: 16 ALT: 7 Alk-P: 35 Bili: 0.37 Albumin: 3.8
ESR: 28 CRP: 3.6
U/A- Normal **Coags**: PT: 10.6 aPTT-27 INR-0.96 D-dimer:1.1

Throat Rapid Strep Test: + **BCx**: neg
Imaging: EKG: nl CXR: nl CT A/P: nl
Joint tap: **no effusions,** unable to tap
Analgesics & Ceftriaxone was given, after 4 days-ankle pain resolved

IgA-183(N) IgG:1044(N) PR3 / MPO-ANCA, ANA, RF: all -ve
CH50: N C3-161 C4 -38 (Elevated)
Chlamydia, Gonorrhea, Syphilis -ve
TEE- No effusions/vegetations

Skin Biopsy: Leukocytoclastic vasculitis with IgA deposition

Dx: IgA Vasculitis

Problem Representation: Young lady with acute onset fever, painful swallowing and B/L ankle arthritis, white throat patch presented with purpuric rash in B/L Lower extremities, mucosal erythema, lymphadenopathy on exam, with labs showing elevated inflammatory markers, positive Rapid Strep test, elevated complements and skin biopsy showing IgA deposition

Teaching Points (Eyron)

Painful Swallowing
Consider oral ulcer, pharyngitis, large lymphadenopathy
Consider if there is risk for airway compromise
Iso fever consider infection

Pharyngeal Syndromes
Most present with local complications (e.g., PTA, RPA, Lemierre's, Ludwig's angina)
Systemic pharyngeal syndromes include viral infections (mono, HIV), bacterial infections (N. Meningitidis)

Oligoarthritis
In the elderly, think crystalline disease
In younger patients, think spondyloarthropathy- reactive arthritis, disseminated gonococcal infection
Empiric Tx: may reduce diagnostic yield

Rapid Strep Test
Non-specific - Strep is a common colonizer
Valuable when pre-test probability is HIGH
CENTOR score - test only in specific context, otherwise becomes non-specific
Could suggest post-strep reactive arthritis, acute rheumatic fever

IgA vasculitis
Can present with post-infectious purpuric rash with arthritis/tenosynovitis
Biopsy of rash will show IgA deposition
Tropism for patients in Pacific Rim