



8/2/26 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Sawsan(@sawsan_Hs) Case Discussants: Khashayar & Glen
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Lukas): CC: 50 yo male p/w generalized muscle pain for 1 day HPI: 2 days clearing the bush and debris; located in Missouri (heat wave), noticed dark urine, experienced lightheadedness ROS (-): CP , SOB, fevers, chills, nausea, vomiting, abdominal pain		Vitals: T: afebrile HR: 108 BP: 144/94 RR: 17 Sat: wnl BMI: Exam: Gen: - HEENT: - CV: - Pulm:- Abd: - Neuro: - Extremities/skin: -	Problem Representation: 50 yo old male w/ Hx of polysubstance abuse p/w generalized myalgias and dark urine for 1 day after working under hot circumstances in the bushes of Missouri turns out to have Rhabdomyolysis
		Notable Labs & Imaging: Hematology: WBC: 23k Hgb: 16 Plt: 356 MCV: 88 Chemistry: Na: 129 K: 4,6 Cl: HCO3: 14 Ca: wnl Mg: 1,8 BUN: Cr: 2,6 (baseline 0,9) Glu: Anion-gap: 21 AST: 59 ALT: wnl ALP: T. Bili: T. protein: Alb: ESR: CRP: LDH: CK: 56.000	Teaching Points (Noah) Generalized muscle pain: First localize the problem. What are the structures that we have throughout the body? Muscles, joints, vasculature. Muscle damage: CK level to help assess degree of damage. Associated symptoms? Medication list? Past medical history? Dark urine: Concentrated, myoglobinuria, hemoglobinuria, bilirubinuria. Connections: Bushes - ticks - infection Bushes - activity - dehydration Bushes + vasoconstrictors + heat + dehydration - rhabdomyolysis Overlaying leukocytosis and tachycardia : Possible infection TTP: has localizing value for muscle injury. CK elevation: Concerning for rhabdomyolysis Rhabdomyolysis: End-consequence of severe muscle damage, can lead to consequences by myoglobin toxicity and electrolyte derangements (hyperkalemia, hyperphosphatemia, hypocalcemia). Not end-point diagnosis, must eval for etiology of muscle damage. AGMA: Think of endogenous gap causes: 1) Lactate; 2) DKA; 3) Renal failure Etiologies of possible muscle damage in this case: Cocaine, methamphetamine, heat stroke, dehydration. Etiology of acute myopathy: Traumatic vs atraumatic. Traumatic: Compression, crush, burn. Atraumatic: Exertional vs non-exertional Management reasoning: Monitor electrolytes and renal function, renal replacement therapy if renal failure, hydration possible beneficial in patients that are at high-risk for renal failure (McMahon score).
PMH: Anxiety Depression Polysubstance abuse obesity Meds: Seroquel sertraline	Fam Hx: Social Hx: Used cocaine and methamphetamine Health-Related Behaviors: Allergies:	UDS: + for cocaine, amphetamine, fentanyl UA: + for bilirubin and Hb , - for RBCs, WBCs, nitrite Course: 2 liters of LR administered; admitted to IM for Rhabdo-management in the setting of polysubstance abuse and heat exposure Dx: Rhabdomyolysis (drug + heat induced)	