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10/3/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter:** *Jeffrey* **Case Discussants:** *Jahanvi* **Teaching Point:** *Simmy*

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

Scribing Chris & Team:

CC: 26F with disabling fatigue for 3 weeks

HPI: Feeling increasingly "drained," both mentally and physically. Her arms and legs sometimes felt heavy and sore, as though she had exercised intensely despite no unusual exertion. Making work difficult. No focal weakness and remained able to climb stairs, exercise, carry groceries, and perform routine activities without limitation.

ROS: no fevers, night sweats, weight loss, inflammatory joint pain, joint swelling, morning stiffness, rash, oral ulcers, Raynaud phenomenon, sicca symptoms, chest pain, dyspnea, abdominal symptoms, headaches, or visual changes.

PMH:
Asthma-childhood

Meds: PRN albuterol

Fam Hx:

Social Hx: No ETOH, drugs, supplements

Health-Related Behaviors:

Allergies: None

Vitals:36.8 **HR**: 74 **BP**: 118/72 **RR**: 14 **Sat**:99%RA
Exam: nl
Gen: nl

Exam: **Gen**: Normal
HEENT: Normal
CV: Normal
Pulm:Normal
Abd: Normal
Neuro:
Extremities/skin: Normal

Notable Labs & Imaging:
Hematology:Normal
Chemistry:
Na: 140 K: 4.2 Cl: HCO3: 25 Ca: Mg: BUN: 12 Cr: 0.8 Glu:
AST: 18 ALT: 16 ALP: 64 T. Bili: 0.6 T. protein: Alb: 4.4
ESR: 8 CRP: 0.3 TSH: 1.6 T4: nl CK: 72 HIV: Neg ETOH:
Undetectable, UA Drug: Neg Pregnancy: Neg UA: nl

Imaging:

STD testing normal. Low Vitamin D initially & replaced without symptom improvement, ANA positive 1:640 ,TSH nl, Free T4 nl, Anti-thyroid peroxidase antibody positive, Thyroglobulin antibody negative.

Problem Representation: 26 y/o female with 3 weeks of disabling fatigue and no significant past medical history.

Teaching Points ()

-Important to define what fatigue means specifically to patient. Checking basic labs (CBC, CMP) for deficiencies which could cause fatigue is a good place to start. Also getting TSH, B12, A1c would be reasonable given picture (metabolic/nutritional). Sexual history is important also for possible infection (STD, HIV, etc), consider testing if not recently done.
-Are there any red flags/cancers which can be asymptomatic which we need to think about.
-Exam findings for fatigue? Pallor, icterus, signs of autoimmune clues rashes etc, thyroid irregularities, checking lymph nodes, organ enlargement, bruising, inflammation in joints. Remember basic neurological exam is important.
-Rheumatological conditions = 1) check joints (hands), 2) Raynaud's-nail folds, 3) Facial Rash that lasts for several days after sun exposure.
-PHQ9 to screen for depression, also screen for anxiety.
-Patients with fatigue probe further in history for stressors, diet related (ask patients to journal if needed), and sleep (ie OSA, feeling sleepy at work, after work during wake periods, working days vs night shift).

Final diagnosis shift work sleep disorder.

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