



6/14/26 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Simmy Lahori(@) Case Discussants: David(@) & AMK(@)
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Lukas/Gillian)

CC: 34 yo male presented to the ED with SOB on exertion for 2 weeks

HPI: exercise intolerance associated with night sweats

Saw PJP for evaluation of night sweats and myalgias. Went on vacation along the Massachusetts coast accompanied with fever, resolved after a few days. Son had similar symptoms during that time. Did not take any medications. Before that lived active lifestyle e.g. trained for marathon, generally fit person.

ROS: negative

PMH:
GERD
Recurrent ear infection in childhood
obesity

Meds:
Omeprazol 20 mg

Fam Hx:
-aFib + colon cancer (Grandfather, Dx in late 60s)
-Prostate Cancer (Uncle, Dx in late 60s)

Social Hx:
married, 3x children
Works in healthcare
No sick contacts

Health-Related Behaviors:
Social drinking

Allergies:
Amoxicillin (develops full body rash)

Vitals: T: wnl HR: 36 (ER) irregularly irregular Rhythm BP: wnl RR: wnl Sat: wnl BMI: wnl

Exam: Gen: unremarkable

HEENT: unremarkable

CV: Pulm: Abd: Neuro: Extremities/skin: all unremarkable

Notable Labs & Imaging:

Hematology:

WBC: wnl Hgb: wnl Plt: wnl MCV: wnl

Chemistry:

Na: wnl K: wnl Cl: wnl HCO3: wnl Glucose: elevated (not significant)

Imaging:

EKG: AV-Block II°, RBBB (no comparison of previous ECGs possible)

CXR: cardiomegaly (more 50% diameter), no pulmonary findings

→ admitted because of symptomatic bradycardia, significant EKG changes + enlarged heart

Echo: global wall enlargement, dilated left ventricle
Without any regional wall abnormalities and normal LVEF

Labs: Lyme panel/PCR (Ehrlichiosis, Anaplasmosis, Babesia neg, Lyme positive), parasite smear neg.

Rx: i.v. Ceftriaxone + Doxycycline started

Follow up:

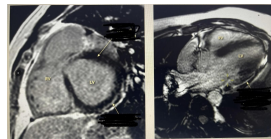
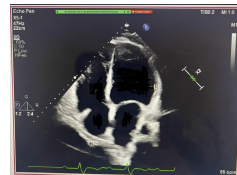
Cardiac MRI: diffuse myocardial inflammation

Late gadolinium enhancement in the Inferolateral wall

Course:

AV-Block resolved on Rx day 3, oralization of Doxy for 14 days; EKG normalization, labs normal

Dx: Lyme carditis



Problem Representation: 34 yo male p/w to the ED with subacute SOB, night sweats and myalgias and acute bradycardia with EKG showing AV-Block II° and RBBB, CXR with cardiomegaly with otherwise normal labs. PCR-confirmed Lyme disease with Cardiac MRI showing LGE and diffuse myocardial inflammation quick response of the II° heart block to Rx with Ceftriaxone/Doxycycline on day 3

Teaching Points (Ramaswamy)

-Approach to SOB - Bad lungs, bad behaviour (exposures), bad genes (eg: CF, childhood asthma) -> Understand the host; Understand tempo

-SOB + exertion -> Lungs vs Heart; Anemia; alveolar capillary membrane disease

- SOB + exertion + night sweats -> Inflammatory (IMADE) => Lungs >> Heart at the outset ; Understand is this a primary problem or secondary and exertion revealed it

- Focus on differentiating signal vs noise

- Viral illnesses - consider sequelae of acute viral infections; COVID-19, CMV, EBV (subacute -> chronic)

- Bacterial infection with subacute presentation -Lyme disease -> non specific => early disseminated vs late; anaplasmosis, Tularemia

- Approach to bradycardia - Stabilize first before thinking about etiology; confirm rhythm; intracellular pathologies -> relative bradycardia; Faget's sign - infection but without elevated HR

- Approach to EKG: check for normal progression P-> QRS; ? Mobitz Type 1; RBB; Pacemaker reqd for type 2; compare to previous EKGs; prolonged PR intervals -> Endocarditis

In such a case for admission -> Telemetry, troponins, BNP

-Approach to echo: without clear history/bubble studies -> wall defects may not be present

-Lyme disease => early treatment (Ceftriaxone/Doxycycline) when pretest probability is high

- Cardiac MRI -> shared decision making