5/23/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (Jeffrey)* ***Case Discussants****: (Lera@LNovotnaya)*

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

Scribing (Seeme)

CC:A 56-year-old woman was referred for evaluation of 2 months of fatigue.

She had returned from a trip to Paris shortly before becoming ill with subjective fever, fatigue, and arthralgia.

HPI: She went to her PCP and was diagnosed with COVID-19 by nasal swab test. However, she did not experience improvement in the fatigue in arthralgia for one week. She described feeling physically drained throughout the day. She denied insomnia and reported waking feeling rested. She denied focal weakness. Described it as migratory arthralgia especially in the mornings, and >1hr of morning stiffness. Symmetrically hands, knees, hips, ankles affected. On ROS she mentioned intolerance to heat and cold.

ROS: no diarrhea, no weight loss

PMH:
Hypothyroidism
HTN, HLD
Breast CA (7y ago)

Meds:
Levothyroxine
CA in remission- radiation and lumpectomy done
Amlodipine
Atorvastatin, supplements
tamoxifen

Fam Hx:
-

Social Hx:
professor

Health-Related Behaviors:
-

Allergies:
-

Vitals: T: nl **HR**:nl **BP**: nl **RR**: nl **Sat**: nl **BMI**:nl
Exam: Gen: well oriented
HEENT: nl **CV**: nl **Pulm**: nl **Abd**: nl **Neuro**: nl **Extremities/skin**: nl

Notable Labs & Imaging:

Hematology:
WBC: nl Hgb: nl Plt: nl MCV:nl, iron profile:nl
TSH: undetectable T4: high
She was told to stop Synthroid(levothyroxine) and sent referral to endocrinology.
Folate and B12: high , Vit D:nl
Hep B, Hep C, HIV: nl
Uric acid nl
CMV igG: positive, IgM: neg
Biotin stopped, hypothyroidism seen and levothyroxine started, L ear tinnitus detected- thyroid labs nl at this point

Chemistry:
CMP:nl , ANA: positive (1:160) RF: positive
ESR:nl CRP:nl LDH: nl , ENA panel: nl, CCP panel:nl

Imaging:
EKG: nl CXR: nl Echo: nl, MRI: nl
Audiogram:symmetric down-sloping high frequency hearing loss which was mild along with mixed conductive hearing loss on the left side.
Found to have ear wax causing tinnitus- patient complains of hot flashes-tamoxifen stopped- patient improved

Dx: Adverse effects of tamoxifen

Problem Representation: A 56 y old FM with PMH of breast cancer on tamoxifen presented with 2 months of fatigue, subjective fevers (hot flashes) and arthralgia.

Teaching Points (Varsha)

Identify the Problem
Discomfort vs dysfunction
- **Fatigue: Substance vs Structure**
  - **Could be a mimic → rule out objective causes - Cardiopulmonary (OSA), muscle weakness (hypothyroid, Dx)**
  - **Neuropsychiatric, Depression**
- **Arthralgia: oligo/ poly, joint/ periarticular - muscles (myalgia)**
- **Subjective fevers? - confirm if true with exam, labs, etc (albumin, Iron panel, ESR, CRP) (maybe hot flashes)**

Rule out inflammation/ confirm objectivity of symptoms
- **CBC- differential, hidden cytopenias**
- **CMP - mainly electrolytes (weakness → maybe low K)**
- **ESR, CRP**

Elevated B12 - Possible overuse of supplements, paradoxical increase in initial stages of pernicious anaemia, myeloid neoplasm