5/14/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Leenah & Arianna (@)* ***Case Discussants****: Sam Barry(@) & Kirtan Patolia (@)*

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

Scribing (Renzo)

CC: 52M with 6 weeks Hx of **SOB**, non productive cough, back abscess, weight loss.

ROS: low grade fever, hemoptysis, hearing loss, epistaxis

PMH:
-

Meds
: -

Fam Hx: -

Social Hx:
Immigrated from India
Works at a gas station

Health-Related Behaviors:

Allergies:
+/-Pork

Vitals: T: 38.2 C **HR**: 109 **BP**: 100/60 **RR**: 20 **Sat**: 98% **BMI**: 19
Exam: HEENT: scleral injection **CV**: nl
Pulm: Rhonchi, Left middle field decreased breath sounds.
Extremities/skin: Clean ulcerative lesion on the back, purpura on feet

Notable Labs & Imaging:
CXR: large R hilar mass
CT: right suprahilar mass, bl nodules, LLL thick walled cavitary lesion

TB PCR: -ve
AFB & fungal culture: No growth at 6 weeks
Bronchoscopy: Prevotella(colonizer)

Hospital Course: Worsening nausea and vomiting, got discharged on Day12 with RIPE, returned 10 days later with worsening fevers, weakness, new hypotension, and tachycardia.
Worsening hearing loss, epistaxis & back ulcer with new scleral injection, swelling & purpura on feet

Repeat CXR: worsening cavitary lung lesions

c-ANCA positive
Skin Biopsy: Small vessel vasculitis

Dx: GPA (Granulomatosis with Polyangiitis)

Problem Representation: A 52-year-old man from India presented with subacute shortness of breath, weight loss, fever, hemoptysis, hearing loss, epistaxis, a back abscess, and scleral injection. Physical examination revealed decreased breath sounds over the left middle lung field and purpuric lesions on the feet. Chest radiography demonstrated a right suprahilar mass with nodules and cavitary lesions. Skin biopsy revealed small-vessel vasculitis. Ancillary testing showed positive c-ANCA antibodies.

Teaching Points (Hans)

-Approach to SOB:
CVS vs RS vs Neuromuscular vs Hematological

- Approach to HPI and PMH:
Hemoptysis recent arrival from India: TB, Fungi, Nocardia (immunocompromised pts)
Hemoptysis, epistaxis: small vasculitis?
Hearing loss: vascular supply inner ear and CN 8 (small/medium vasculitis)

Approach to cavitary lesions and suprahilar mass:
Infections: TB, fungal, malignancy (look for predisposing conditions)
-Supra hilar mass can be linked to SOB, nodules may be miliary nodules/ macro nodules and can contribute to gas exchange
-TB, nocardia and zoonotic infections are worth considering.

Approach to antibiotic failure:
- Duration of abx insufficient,
- Wrong abx
- Wrong indication (vasculitis, fungal infx)
- Abx can not reach infectious agent

Look how infections malignancies and autoimmune dz spread in the body.

Biopsy revealed GPA a small vessel vasculitis.