9/20/26 Morning Report with @CPSolvers

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

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

Scribing: (Chris & CPS team)
CC: 67 F Joint Pain, positive ANA
HPI: Recent morning joint pain, fatigue, rash which interferes with daily activities, patient enjoys ie hiking, other wise feels well. Recent falls on right side when changing position and slight dizziness. History of always falling on the right with falls.

ROS: rash on the face and cheeks [long standing, aSx]

PMH: melanoma [skin + regional LN]

Meds: ICIs [pembro]

Fam Hx:

Social Hx:

Health-Related Behaviors:

Allergies:

Vitals: T:Normal **HR**: Normal **BP**: Normal **RR**: **Sat**:
Exam: Gen: Well appearing
HEENT, **CV**, **Pulm**, **Abd**: nl
Neuro: No weakness
Extremities/skin: no synovitis / joint effusion, bony enlargement of several DIPs / PIPs. Crepitus of bl knees. Erythematous non-raised rash that spares nasolabial folds, extending to forehead. Bruising from falls on right side.

Notable Labs & Imaging:
Hematology: Normal **Chem**: normal
MRI brain & pituitary, CTA head & neck: normal
Optho & ENT eval: nl

TSH, free T4, A1c: normal
Cortisol Testing: Slight low cortisol **Stim test:** nl

-> empirical hydrocortisone for possible early central adrenal insufficiency. Falls persisted.

ANA: **positive**
Echo: Normal
EKG: Normal
BPPV evaluation normal
ENT: Evaluation normal
B-12: Low

Final Dx: nutritional B12 deficiency c/b neuropathy in patient born with one leg shorter that the other

Problem Representation: 67 Female presenting with joint pain and rash with falls on the right side (5mos), dizziness when changing positions with subsequent bruising.

Teaching Points: (Kwame)
-Usually the most important symptom is the one that causes the most distress (joint pain).
-Immune Checkpoint inhibitors precipitate autoimmune conditions such as SLE,Celiac , endocrinological disease such as thyroid , pancreas adrenals and pituitary.
- Malar Rash always check the sparing of nasal folds to differentiate between SLE and Rosacea.
-In evaluation cbc crp may be beneficial
-Dangerous differentials in joint pain include gout flare up, septic arthritis, endocarditis (causing joint pain),HLH. Important to keep in mind the presenting complaint might not be the real problem.
-An asymptomatic patient can die and the cause could be a genetic heart defect which battreses the initial point that the presenting complaint might not be the real problem and its important to reconstruct the context as to not miss anything.
-If this case has a WBC of 200,000 then we would consider the joint pain as a bystander and find out why WBC is so high.
-Falling more towards the right side repeatedly, ddx include cerebellar disease, & stroke.It is prudent to ask the patient that has she been falling more on her right side before she got sick. Also check limb length discrepancy (here left leg shorter than right).
-Cosyntropin and cortisol great test for primary adrenal insufficiency.
-Relatively difficult to test secondary adrenal insufficiency because the adrenal can still secrete cortisol without stimulus for a while.
-Dangerous complications of ANA positive disease include heart and brain injury
Some dangerous complications of lupus include kidney injury and haematological dysfunction.
-Upon further investigation of neuropathy Vit B12 should be evaluated and explain the patients neuropathic symptoms.