



6/1/26 Morning Report with @CPSolvers

“One life, so many dreams” **Case Presenter:** Hans (@) **Case Discussants:** Youssef (@SaklawiMD) & Seeme (@youucantsee_me)
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Julia Z)
CC: 61 F presents with 1 month hx of mouth sores
HPI: She complains about painful mouth sores, noticed for 1 month, as well as blisters on the tongue, which is not present at the present time. The mouth sores get better when she eats. Also had a dental appointment a month ago, when the sores were noticed, but she did not mention to her dentist.
ROS: Denies previous episodes, genital ulcers or sexual transmitted diseases.

PMH:
 Hypothyroidism s/p thyroidectomy due to thyroid cancer
 Migraines
 T2DM
 HLP
 GERD
 Diabetic neuropathy
 Hepatic steatosis

Meds:
 Levothyroxine
 Omeprazole
 Quetiapine
 Rosuvastatin
 Metformin
 SGLT-2 inhibitor

Fam Hx:

Social Hx:
 Married, retired, never smoke
 Occasionally a glass of wine

Health-Related Behaviors:

Allergies:

Vitals: T: 37.8 HR: 75 BP: 145/90 RR: 16 Sat: 98% RA BMI:
Exam: Gen: well-appearing, not in acute distress
HEENT: Tongue, hard and soft palate: without any pathology. No ulcers, no blisters, no areas of erythema or bleeding
CV: nl **Pulm:** nl **Abd:** nl
Neuro: nl **Extremities/skin:** nl

Notable Labs & Imaging:
Hematology:
 WBC: 8.4 Hgb: 13 Plt: 299 MCV: nl

Chemistry:
 Na: 139 K: 4.8 Cr: 0.55 BUN: 8 Glucose: 97 AST: 23 ALT: 21 Alk-P: 114 HA1C 6.2%

TSH 0.81 Free T4 1.7
 Vitamin panel: Vit B12 426 (normal) / Vit B6 5.7 (normal) / Zinc 18 (normal) / Copper: normal

Transf Saturation 13% / Ferritin 32
Occult blood test negative

Patient received iron but the condition continues to deteriorate.

Dx: Burning mouth syndrome

Patient was treated with pregabalin and the condition improved.

Problem Representation: 61 y.o. Female with PMHx significant for GERD and T2DM presented with 1-month history of painful mouth sores and blisters on the tongue as well as decreased transferrin saturation, decrease TSH level and negative occult blood test.

Teaching Points (Joshua Oommen)

- Mouth sores > characterize cc > think of sx for immunocompromise, fever (associated sx) + risk stratify based on age
- Alternative etiologies for painful ulcers include: **1) Traumatic** (ill-fitting dentures or dental procedure) **2) Infectious** Herpes (oral SCC) **3) Autoimmune** (Behçet’s, IBD, dermatosis) **4) Malignancy** (oral SCC) **5) Nutritional** (B12, folate, zinc, severe iron deficiency) **6) Drug induced** (NSAIDs, etc)
- Gold standard test for HSV is PCR (difficult to complete w/o active ulcer)
- B12 deficiency can be caused by PPI and Meformin
- First step of IDA workup will be ferritin levels
- “Burning mouth syndrome” > polyneuropathy of the mouth can happen in zinc deficiency, smokers, and postmenopausal women > treated with nerve pain agents