10/26/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Nithya (IG @nithyclimbs) **Case Discussants**: Youssef (@saklawiMD) & Gillian

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

Scribing (Praveen):

CC: 14 F % severe abdominal pain, back pain, headache, vomiting and neck stiffness.

HPI: Significant abdominal and back pain x 2 weeks ago. Urgent care evaluated negative for UTI and nephrolithiasis. Treated as constipation without symptom resolution. Developed headache, fever, vomiting, photophobia and neck stiffness. Fever spike (101 F) at home.

PMH:
Hypothyroidism
Anxiety
Lap Appendectomy 3 months ago

Meds:
Levothyroxine

Fam Hx:

Social Hx:

Health-Related Behaviors:

Allergies:

Vitals: T:Febrile **HR**: **BP**: **RR**: **Sat**: **BMI**:

Exam: Gen: Anxious

HEENT: nl

CV: wnl **Pulm**:wnl

Abd: Tenderness noted in RLQ> LLQ, Suprapubic regions

Neuro: Negative Neck signs **MSK/skin**: wnl

Notable Labs & Imaging:

Hematology:
WBC: 14,88 (neutrophilia)

Chemistry:
Na: 134 K: 3.8 Cl: 103 HCO3:15 Ca: 9.1
Mg: 1,7 BUN: 7 Cr: 0.86 -> 1.15 Glu: 97:
CRP: 5.7 -> 11.6 Procalcitonin 0.41



Imaging:

CT A&P : (2 weeks ago) Surgically absent Appendix, Normal Reproductive Organs, Minimal nonenhancing right pelvic free fluid.

Hospital Course:

Started on empiric IV Vancomycin, Ceftriaxone and LP done

CSF: WBC 2/µL, RBC 65/µL, protein 43 mg/dL, glucose 72 mg/dL. Gram stain and final culture negative. Blood cultures showed no growth.

CT Head : No Acute intracranial abnormality

Respiratory Virus Panel Negative.

MRI Spine : Dorsal epidural fluid collection from T1 to L2 with anterior displacement of the thoracic cord, without cord edema. Increased pelvic free fluid compared to previous imaging.

Pelvic USG : Normal Uterus and ovaries with preserved Doppler flow, small to moderate simple ascites in the cul-de-sac

Consults: NeuroSx and NeuroRadiology -> Post LP CSF leak, Sx -> Denies Post-Sx complications.

Gyn-> + cervical motion tenderness, Ascending infection possibility.

Urine Chlamydia, Gonorrhea PCR, HIV, HCV, HBV, Syphilis, Bartonella, C.difficile - Negative

Managed with IV Ceftriaxone + Doxycycline -> Oral Doxycycline + Metronidazole

Symptoms improved with Cosyntropin. Labs downtrended with improvement in symptoms

Diagnosis : Pelvic Inflammatory Disease

Problem Representation: 14 F, with h/o lap appendectomy and hypothyroidism, presents with % abdominal pain, back pain, headache, vomiting and neck stiffness for 2 weeks. Examination revealed RLQ tenderness and cervical motion tenderness.

Teaching Points (Julia)

Approach to chief complaint:
-Nonfocal symptoms: abdominal vs CNS
- Combination of headache, vomiting, neck stiffness => brain/meningis problem. Risk factors for meningitis: living with other people (college), immunocompromised condition, unvaccinated
-Abdominal pain: important to understand if the problem in within the abdomen itself (focal) of above/bellow (thorax/pelvis)

Approach to HPI:
-Combination of back pain and CNS symptoms: progression of the disease
-Course of the disease is too long for a bacterial infection -> viral disease?

Approach to Labs/Physical exam:
-Resume: Inflammatory syndrome, neutrophilia, elevated CRP
-2 weeks: infections of the blood (viruses - tick borne diseases)
-Image negative abdominal pain: focal disease (we cannot see on CT) or blood problem

Approach to image:
-Because of the recent appendectomy, the image is suggesting something happening resulting from the surgery

Cervical motion tenderness: indicative of pelvic inflammatory disease

Post epidural headache + PID as a result of previous surgery