04/08/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Ravi Singh **Case Discussants**: Steph Sherman & Zaven Sargsyan

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

Scribing (Anmolpreet)

CC: "worsening skin lesions" both arms

HPI: A 66 year old woman presented with the complaints of progressively worsening skin lesions, following **1 month after discontinuation of corticosteroids** and **starting dupilumab as maintenance therapy.** They presented as multiple non tender and firm skin nodules, primarily involving the **bilateral upper extremities**, **right hand** and **right anterior thigh**

ROS: no joint pain, muscle pain, weakness, weight loss, resp. complaints, fever, chills

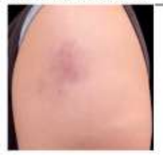
PMH: Severe asthma OSA, HTN, Secondary hyperglycemia

Meds:
Prednisone → transitioned to **Dupilumab** (for maintenance therapy)
-Corticosteroids stopped due to development of *Cushingoid features*, and *recurrent asthma exacerbations*

Fam Hx,Social Hx: none

Health-Related Behaviors: none

Allergies:



Vitals: T: Afebrile **Hemodynamically stable**
Exam: Gen: well looking, no acute distress
HEENT: **CV**: **Abd**: **Neuro**: wnl
Pulm: clear lung fields, no wheezing/rales/rhonchi
Extremities/skin: multiple palpable, firm, non tender subcutaneous nodules distributed over: bilateral upper extremities, right hand, right anterior thigh

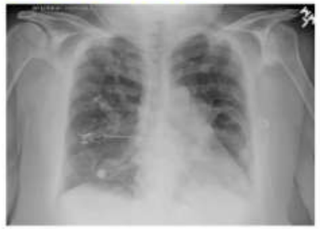
Notable Labs & Imaging:

Complete blood count: normal

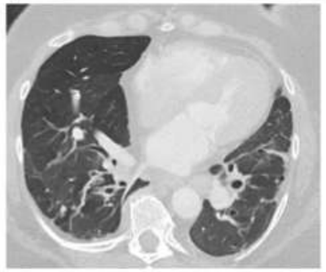
Chemistry: Na: 138 | K: 4.2 | Cl: 102 | HCO3: 20 | Cr: 1.5 (baseline - normal) BUN: 26 | Glucose: 98 | Ca: 15 | Vit D: 34.6 | 1,25 Vitamin D: high | PTH:5.4 (low) | PTHrP <2

Imaging:

CXR (A/P view): widened silhouette



CT chest: interstitial fibrosis pattern



Skin biopsy: non-caseating granulomas

ACE level: 108

Dx: Cutaneous sarcoidosis / Darier-Roussy subcutaneous sarcoidosis
(unmasking of sarcoidosis on discontinuing steroids)

Restarted on steroids!

Problem Representation: A 66 year old female with severe asthma on chronic steroid therapy, recently transitioned to dupilumab; developed worsening non tender subcutaneous nodules; hypercalcemia, AKI with elevated ACE levels and skin biopsy showing non-caseating granulomas.

Teaching Points (Julia Z)

Approach to skin lesion: look for the entire skin (natural light)
- Characterization:
  - Deltoid: Ecchymoctic (blood), nontender
  - Elbow - nodular and firm - similar to trophy present on gout

Approach to PMHx of asthma and use of steroids:
- Hx of asthma: predisposition to inflammatory process on the skin
- Inflammatory skin lesion: could be secondary to immunodeficiency (eg: use of corticoids) or during the tapering (stop the steroids can flare the inflammation)
- Dupilimab: Antileukin-4 → used to treat eczema and moderate-severe asthma
- Given the host (possible immunocompromised) and time course, consider panniculitis vs opportunistic infection as well → imp to collect a biopsy to help with the diagnosis

Approach to hypercalcemia:
- Important to diff between PTH-dependent and independent
- PTH independent:
  - Malignancy (lymphoma) vs vitamin D hydroxylase production from nonmalignant process (sarcoid, Crohn's, granulomatous disease - fungal, mycobacterial)
- Kidney disease: cause or consequence of hypercalcemia
- Calciphylaxis: CUA - calcification, uremic, arteriolopathy - people with hyperCa and hypoPhosphatemia are predisposed (ESRD)

Approach to image:
- ILS usually have crackles. On the other hand, sarcoid usually have silent lungs (mismatch between exam and image)

Darier-Roussy subcutaneous sarcoidosis: Steroids were hiding the sarcoidosis → when changed to Dupilumab → suppress TH2 but not TH1, which triggered the ds