



4/6/26 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Sam (@samkeenanbarry) Case Discussants: Maddy (@MadellenaC) & Lera (@LNNovotnaya)
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Seeme)
CC: 58yo M presents with rash for 3 days
Petechial, on tongue, hard palate, face and extremities
HPI: Mild congestion and cough for the last 2 weeks
No abd pain, urinary symptoms, tick exposures
Not painful
ROS: Is having trouble swallowing due to blisters. No fevers, chills, black or tarry stools, dizziness, lightheadedness, gross hematuria

PMH:
MASH
Sciatica

Meds:
magnesium,
multivitamin, vitamin D,
vitamin K, fish oil,
escitalopram,
amlodipine, no other
OTC or herbal
supplements
No heparin or
anticoagulants

Fam Hx: Albanian, son has autoimmune disease affecting eyes

Social Hx:
Technician for food company, chlorine exposure, works outdoors

Health-Related Behaviors: eats pumpkin seeds, remote smoking history

Allergies: NKDA

Vitals: T: HR: 114 BP: 156/90 RR: 16 Sat: 99
Exam: Gen: well appearing
HEENT: anicteric sclera, violaceous purpura on tongue and oral mucosa
CV: tachycardia
Pulm: nl
Abd: soft, non tender, non distended
Neuro: No focal deficits
Extremities/skin: diffuse petechiae on cheek and on extremities, non palpable

Notable Labs & Imaging:
Hematology:
WBC: 5.2 Hgb: 11.9 Plt: <5 (undetectable) iron:30 T sat:12

Chemistry:
Na: 141 K: Cl: HCO3: Cr: 1.01 BUN: Glucose: 91 Ca: 9 Mg:
AST: ALT: Alk-P: Bili: Albumin: Total Protein:
ESR: CRP: LDH: 334 haptoglobin 61 INR: 1.2 ferritin:357; B12 and folate - normal
PBS: no blasts, few platelets
HIV, hepatitis, DIC panel: neg
Direct antiglobulin IgG and C3D: neg
After dexamethasone and IVIG platelets 5→58→128

Dx: ITP

Problem Representation: 58 y old M with history of mild congestion and cough for last 2 weeks presented with rash for 3 days with petechial rash on tongue, hard palate, face and extremities and CBC showed undetectable platelets.

Teaching Points (Siva)
#Petechiae-any other bleeding sites??
Non blanchable lesions- bleeding into skin spectrum(petechiae, purpura, ecchymosis).
#Vessel wall or blood issue(platelets)?
#Petechiae on hard palate →wet purpura(indicates very low platelets 10-20K)
#MASH→cirrhosis or substance/drugs-low platelet?
#palpable purpura-vasculitis/Non palpable-Low platelets
no miss dx in anemia +low plt→r/o MAHA using a smear(schistocytes)
#undetectable Platelets-think of ITP(isolated and deep-dx of exclusion), heparin exposure ?DIC ?HIV, Hep B?blasts?
In ITP platelet transfusion is not helpful because of destructing antibodies.
#ITP- Antibody test low sensitivity, clinical dx.
Rx-IVIG, steroids.(dx POV-prim vs sec -not the priority)