7/5/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Kevin(@allein.zu.haus) **Case Discussants**: Kirtan(@kirtanpatolia) & Julia Z(@juliazango)

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

Scribing (Manaswini)

CC: Brought in by emergency services: 24 y/o gentleman with Exanthema + nausea and vomiting

HPI: Experienced exanthem all over the body previous night after consuming tramadol for his headaches, which was followed by N&V.
Chose to wait until this morning to visit his PCP.
Pt does not know why he took tramadol specifically for the headache. No h/o addiction. *Since pt was from Spain, history taking was limited due to the language barrier.*
Pt was later identified to be a doctor himself, from Bolivia. Pt was brought to the ED after his CRP was found to be 16, WBC 20k. Pt was admitted i/v/o sepsis (38.5C)

ROS: No chest pain, breathlessness, edema, hematochezia, dysuria

PMH: -

Meds: -

Health-Related Behaviors: -

Allergies: -

Vitals: **T**: 38.5 **HR**: 140, sinus **BP**: nl **RR**: nl **Sat**: nl
Exam: **Gen**: AAOx3
HEENT: nl **CV**: nl **Pulm**: nl
Abd: normal bowel sounds, soft
Extremities/skin: Widespread papulomacular exanthema all over the body → in thorax, abdomen, legs & feet

Notable Labs & Imaging:
Hematology: WBC: 20k → 16.6 (Neutrophils: 87.6% lymphocytes: 5.7% Baso, Eosi, Mono:nl) Hgb: nl Plt: 126
VBG: Lactate 2.3 (normal<1.6)
EKG: Normal
U/A: Pyuria, microhematuria, proteinuria, Urobilinogen +ve , Bilirubin +ve
Resp virus panel -ve
Chest X Ray: N
USG:Normal, *except for head of pancreas looked Inhomogenous*

Chemistry:
AST: nl ALT: nl Alk-P: nl Bili: 4.3 Direct: 2.7
Cr: 2 GFR : 44
Procalcitonin: 2.2 CRP: 16 → 23.8
LDH: 325
CT abdomen with contrast: Normal
Blood cultures: No growth

*Pt was transferred to another hospital where he **developed vesicular rash.***
Was conservatively treated for AKI. Pt's BMP eventually returned to normals levels

Dx: Varicella Zoster

(Don't forget to get your vaccines! 🫶😇)

Problem Representation: Young gentleman with full body exanthem post tramadol consumption & found to be SIRS positive with neutrophilia + lymphopenia and elevated direct hyperbilirubinemia who developed a skin lesions that reveals the diagnosis.

Teaching Points (Glen)

-Exanthema: infections, allergy, (food, drugs, surroundings). To make progress, [pattern, associated symptoms, timeline, red flags, extent].

-Tramadol use: allergy?[but uncommon] Use?[infection?]
-Headache and fever: CNS infection?

-Evidence of inflammatory rxn: High WBC, CRP. Progress with septic workup(blood culture, LP, screen for STI, sputum), imaging(CT abdo pelvis, chest then head). Look for neutropenia, wbc differentials.

-Low Plt: Consumption or bone marrow suppression. In an infection setting, r/o DIC, could occur in severe illness, zoonotic infections[rickettsia], HIV.
-Obstructive gallbladder pathology: could be due to cytokines release in sepsis.

Bacterial Infection:Blood cultures will help, arboviruses(dengue fever from Bolivia, chikungunya, malaria).
Autoimmune dx: decrease in wbc trend. Lupus, stills dx, serum sickness like illness.