7//11 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (@Jeffrey Shen)* ***Case Discussants****: Simmy (@) & (@)*

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

Scribing (Sana)

CC: 29 y/o F w/ 3 days of fever, pleuritic chest pain, nausea , headaches, arthralgia, loose stools, weakness and fatigue.

HPI: CP tight, worsening w/ inspiration, relieved on leaning forward. Mild headache, Occasional joint pain w/o swelling. 1-2 episodes of loose stools today & generalized weakness.

Lupus dx on the basis of malar rash, infl. Arthritis, oral ulcers, thrombocytopenia, Raynaud's phenomenon and work-up.

ROS: denies cough, dyspnea, sore throat or sinus symptoms.

PMH: SLE (dx 1 yr ago)

Meds:
Hydroxychloroquine
Azathioprine
Leflunomide

Fam Hx:

Social Hx: no recent travel or sick contacts.

Health-Related Behaviors: No unusual exposures or sexual activity.

Allergies:

Vitals: T: 101.6 F **HR**: 112 **BP**: 140/88 **RR**: 24 **Sat**: 96% on RA **BMI**:
Exam: CV: Tachycardia Otherwise normal. **Pulm**: Tachypnea **Abdomen**: nl
Extremities/skin: no oral ulcers, no LAD, no rashes, no synovitis or objective ms weakness

Notable Labs & Imaging:

Hematology:
WBC: 13.9 (N 70%, L 0.6% ↓) Hgb: 12.1 Plt: 343 MCV: 84

Chemistry:
Na: 129 K: 3.8 Cl: 97 HCO3: 23 Cr: 0.8 BUN: 22
AST: 31 ALT:16 Alk-P: 67 T.Bili: 0.3 Albumin: 3.4 Total Protein: 8.2
ESR: 43 CRP: 7.8

Previous Work-up for lupus Dx: positive ANA, anti-dsDNA, anti-Sm ab, RF
Low C3 and C4

Serial trops negative; BC, UA, UC, UPT and resp viral panel negative
Anti-dsDNA: strongly positive, C3 and C4 low
Urine drug screen: +ve for marijuana TFT and Cortisol: nl
Serum Osm: 260 (↓) Urine Osm: 500 (↑) Urine Na: 42 (↑)

Treated w/ aspirin and colchicine for lupus pericarditis → No improvement. Changed Aspirin to prednisone → Fever resolved, CP improved and systemic symptoms markedly diminished.

Imaging:
EKG: sinus tachy
CXR: normal
Echo: small pericardial effusion without hemodynamic compromise
CT Chest: posterior RLL segment consolidated opacity
Bronchoscopy: cultures grew *Streptococcus pneumoniae*

Dx: Radiologically Occult posterior Rt. Lower lobe Strep pneumo Pneumonia & SIADH

Problem Representation: 29 F k/c/o Lupus presenting with acute onset of fever, pleuritic chest pain and loose stools with hyponatremia and lymphopenia. ECHO showed small pericardial effusion w/ CT chest +ve for a Rt. Posterior lower lobe consolidation.

Teaching Points (Vanessa)

1. **Presentation with a lot of symptoms:** try to identify primary symptom vs associated symptoms. Determine if flare of underlying chronic disease.
   → **Focus on chest pain:** r/o life threatening etiology

2. **Consider 3 things when pt presenting with systemic syndrome + chronic autoimmune disease:** (there can be more than one thing going on)
   →Immunosuppression/infection: localize infection
   → side effects of meds
   → flare of SLE: pericarditis, pleuritis, arthritis

3. **Two types of disease:**
   →**Inside body:** endocrine, focus on symptoms and try to put them together
   →**Outside body:** meds, toxins, focus on **outside risk factors**

4. **Tempo:**
   →Acute conditions: **external** causes are more likely to cause **acute problems**

5. **Labs suggest active SLE**
   →treated for lupus pericarditis with improvement after **prednisone**

6. **Hyponatremia** (water toxicity)
   →↓ serum osm confirms too much water (true hypoNa)
   →urine osm (marker of activity of ADH)
   →urine Na (marker of aldosterone activity)
   Take labs in the context of patient. Pt has SIADH + RLL opacity (strep pneumoniae)

7. **Don't anchor on the first diagnosis if it doesn't explain all the clinical findings**
   →lupus pericarditis/SLE flare was initial diagnosis
   →however RLL opacity was found and later turned out to be PNA which likely caused SIADH and also caused SLE flare