4/24/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (@Dan Matthew)* ***Case Discussants****: (@Youssef) & (@Mengyu)*

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

Scribing (Bahae)

CC: a 69-old man presents with weakness and hypotension

HPI: He suddenly feels weak, over the past 24 hours he has generalised fatigue and lightheadedness. He reports a cough and sore throat over the past week, notices bright red blood per rectum, which he attributes to hemorrhoids

ROS: intermittent BRBPR, lower appetite, No fever, chills, SOB

PMH:
HFpEF
Suspected OSA/OHS
Morbid Obesity
Hypothyroidism
Thyroidectomy
Chronic bilateral lower extremity edema and wounds

Meds:
Levothyroxine
Atorvastatin
Furosemide

Social Hx:
Lives at home with wife, mostly uses power chair

Vitals: T: 36.8 **HR**: 71 **BP**: 87/60 **RR**: **Sat**: 95% **BMI**: 50
Exam: Gen: tired but interactive
HEENT: nl **CV**: regular rate and rhythm **Pulm**: clear **Abd**: nl **Neuro**: nl
Extremities/skin: cool extremities, sig lymphedema in lower extremities, superficial wounds on bilateral lower limbs

Notable Labs & Imaging:
Hematology: WBC: 24.1 Hgb:12.8 Plt: 171 MCV:
Chemistry: Cr: 2.2 Ca: 8.3 AST: 107 ALT: 23 Alk-P:114 Bili: 2.4 (DB-1.2)
CK: 700 -> 5K Procalcitonin:>100 high
ABG ph 7.29 pCO2 59 HCO3:26 -> 7.23 - 7.25 pCO2 stabilized at 77
Admitted to the ICU, started on Norepi and VS AND IV fluids, and empiric ABX
Clinical Improvement and Pessors discontinued over 48-72 hours , WBC 24- 10
Wife reports that the patient has not came back to baseline mentally, everytime he is taken off BiPAP he becomes hypercapnic
Infectious disease, culture Strep constellatus

Imaging:
TTE: mild LVH, mild- mod RV dilation, EF-55 60%, no clear evidence of cardiogenic shock
CTPE: no PE **CT A/P**: lytic and sclerotic bone lesions, some hypodensities in the liver, diffuse BM signal, pelvic LAD
CT head no abnormalities
MRI A/P regenerative or dysplastic nodules and no evidence of abscess
BCx: GPC in chains -> ***Strep constellatus***

-> Hx of + FIT test in the past

Final test: socks off

Dx: Occult Polymicrobial foot abscess due to retained toothpick causing incomplete source of septic shock

Problem Representation: 69/M Presenting with a day history of weakness, hypotension, cough, sore throat and LGIB with labs showing leukocytosis, transaminitis. Blood cultures grew strep constellatus and wound care diagnosed a retained toothpick causing foot abscess and septic shock.

Teaching Points (Glen)

-Hypotension: early shock? esp if acute. Related to cough & sore throat? Hypovolemic due to GIB?
-Generalised Weakness: Low perfusion? Electrolyte imbalance? Anaemia due to GIB?
-Heart Failure: Can cause cardiogenic shock(HFrEF >HFpEF) esp with cool extremities. POCUS and BNP would help. Is the pt having ADHF? Imp to ask if patient not improving from lasix(weight gain).

-Septic Shock: Possible source could be from lower extremity wound. Also high WBC and procalcitonin.
-Increase AST/ALT :Could be from hepatomegaly due to HF and causing cardiorenal syndrome.

-Lytic &Sclerotic Bone Lesions: Prostate(age)> lung ca> Paget dx> PTH.
-Liver Hypodensities: artifacts from congestion? Hemangioma? abscess?
-Pt on pressors: Shock. Cardiogenic and obstructive ruled out due to POCUS findings. Could be septic? (pyogenic infection from skin due to poor source control). Or infection from the gut. Blood cultures would help.

-Weakness off BiPAP & Hypercarbia: resp muscle weakness? Neuropathy? Myopathy? CNS process? (infection, malignancy).
-Elevated CK: diffuse vs focal lesion? Could be caused by statins or triggering an autoimmune process. Could be from pyogenic infection if multiple muscles involved. Paraneoplastic?

-Positive Strep Culture: Either from GIT due to GIB or from skin wounds. Can also come from oral cavity. Imaging of legs and colonoscopy would help in identifying source.