9/12/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Jeffery* ***Case Discussants****: Jeffery & Gillian*

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

Scribing (): Kwame

CC: 54 F fever unknown origin ANA+

HPI: 3 months of recurrent fever .Fever as high as 103 usually low grade fever. 3 hospitalizations for pneumonia,uti with negative infectious screen but responds to antibiotics initially.
Associated symptoms worsen with hospitalization episodes.She has a background of possible IBS symptoms

ROS: cough + diarrhea + dyspnea occasionally + Hemoptysis- myalgia + weight loss of 12 pounds +
Dryness in mouth, things get stuck in throat
Raynauds

PMH Hpt,high cholesterol,obesity,hypothyroidism

Meds: levothyroxine,PPi

Fam Hx: nil

Social Hx:
Housekeeping,Hispanic originally from columbia 25 yrs,no known unusual pet exposure

Health-Related Behaviors:

Allergies: nil

Vitals: T: 99.6 **HR**: 108 **BP**: 128/70 **RR**: **Sat**:95 **BMI**:
Exam: Gen: myalgias
HEENT: **CV**: **Pulm**:
Abd:
Neuro:
Extremities/skin: Sclerodactyly

Notable Labs & Imaging:
Hematology: ANA 1:1280 Anti centromere pattern,
WBC : 12.5 Neu : prominent Eos: 750 Hgb 10.9: Plt: 330 MCV :90
Pos .Oropharyngeal swallow: Norm, Esophageal manometry: aperistalsis.LES Tone relaxed.
Chemistry:
Na: K: Cl: HCO3: Ca: Mg: BUN: Cr: Glu:
AST: ALT: ALP: T. Bili: T. protein: Alb:
ESR: 70 CRP: 6 LDH:
Blood culture: Neg
Urine culture: Neg
CT A chest: consolidation in left lower lobe ,old consolidation the right lower lobe. Scattered tree and bud nodules
C diff Pos.
EKG: Strongyloides neg
CXR: Not much significance Histo neg Blasto neg, Aspergillosis Neg
Echo:
HIV negative
Legionella antibody IGG pos
Legionella urine antigen neg
Bronchoscopy: R**egular , Biopsy showed patchy pneumonia**

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Problem Representation: Patient presented with 3 months recurrent fever associated with cough diarrhea and occasional dyspnea and a history of GERD.Thorough examination and work up showed sclerodactyly,raynaud's ,High ANA and an anti-cenromere pattern. DDX : Systemic sclerosis

Teaching Points (Simmy):

Approaching FUO:

- **First verify common diagnosis—>Emergency diagnosis—> Autoimmune conditions—>Renal crisis.**
- **Subacute(Endocarditis) vs Acute on Chronic OR Exacerbation of the underlying conditions.**
- **Autoinflammatory vs Autoimmune vs Malignancy vs Immunocompromised.**

Approaching abnormal Labs:

- **Eosinophilia: Parasitic and fungal infections→Aspergillosis, EGPA, Vasculitis.**
- **IgM(acute) and IgG(chronic)**
- **Infectious workup of Diarrhea —> C Diff, PCR Stool/Culture, Stool Ova & Parasite.**
- **Raynaud's + Joint pain + Fever & Dysphagia —> Systemic Sclerosis/Connective tissue disease.**
- **Dysphagia causing aspiration causing recurrent pulmonary infections.**

Always prioritize on focal problems rather than diffuse one in a situation where so many things going on.
Positive antibody test can not necessary be the current infections but previous from previous positive infections.