5/21/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Prithvi (@)* ***Case Discussants****: Seeme (@youucantsee_me) & Rabih (@rabihmgeha)*

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

Scribing (Javier & Hans)

CC: 68M with **multiple falls**

HPI: Over a few weeks with recent memory problems associated with multiple falls and dizziness also associated with loose stool episodes.

ROS (+): dizziness, intermittent blurry vision, memory impairment, R ear tinnitus and spatial memory issues

PMH: sciatica, hypothyroidism [non compliant with meds]

Meds: Acetaminophen, levothyroxine non adherent

Fam Hx: Non mentioned.

Social Hx: recent trip to Philippines with reported mosquito bites + kitten? bite

Health-Related Behaviors: smoking

Allergies: Non reported

Vitals: T: 37.1 **HR**: 70-80s **BP**: 140/80 **Sat**: 98%
Exam: Gen: Healthy looking **CV**: nl **Pulm**: nl
Abd: Soft, non distended, mild RUQ discomfort
Neuro: No focalization
Extremities/skin: non edema

Notable Labs & Imaging:
Hematology: **WBC**: 24.6 **Hgb**: 8.1 **Plt**: 69
Chemistry: Na: nl K: 3.4 Cr: 2.5 BUN: nl Ca: nl Mg: nl
AST: 56 ALT: 25 Bili: nl Albumin & Total Protein: nl
TSH: 26.4 **Pt** 15.2 **INR** 1.2 **APTT** 45.4 **D dimer** > 20
UA: non inflammatory pattern

EKG: normal || Ct Head: non acute findings || CT chest: Non PE
Renal ultrasound: nl
Infectious: Blood culture: Negativ || + IgG CMV
Iron profile: Iron 134 || Ferritin > 3 000 || % Saturation 69%

Heme: B12 542 || Ldh 1900 || Hapto nl
Peripheral smear: nucleated RBCs, Myeloid left shift
20-25% of Blasts
Peripheral Flow: Monocytosis Cd14 immature, CML AML
Bone marrow: > 50% blast with monocytic differentiation. Acute myelocytic leukemia with monocytic differentiation

Dx:
Acute myelocytic leukemia with monocytic differentiation

Problem Representation:
We have a 68 y/o male with numerous falls, spatial memory impairment dizziness, and tinnitus for several weeks. His PMH and PE are unremarkable. Of note is is recent return from the Philippines where he incurred several mosquito bites and a bite from a python.
His labs are significant for a high WBC and a bicytopenia (low Hb and plts) with an elevated d-dimer, Ptt and Pt, a high LDH 1900, Ferritin 3000, %Sat 69 and a high TSH possibly from noncompliance to his thyroid med. Based on the normal LFTs a BM biopsy AML confirmed w/ blasts in blood smear and flow cytometry.

Teaching Points (Glen)

-Dizziness: central (CNS) vs blood issue(electrolytes, anaemia, hypoperfusion).
-Multiple Complaints: Target facts and look for patterns that connect the complaints.

-Hypothyroidism: meds complaints causing CNS syndrome?
-Falls: Late manifestation of a chronic disease e.g parkinson dx, dementia, alcohol use disorder.

-nl Physical Exam: Episodic and likely to miss findings? Detailed exam to look for findings can help(longer conversation, walking the pt).
-Bicytopenia and leukocytosis: blasts?
-Elevated PT & PTT: production, Liver dx? Consumptive, DIC? Meds
- **Get PBS**

-Explanation for CC: possible leukostasis from blasts.
-Elevated Ferritin: Iron overload & hemochromatosis (high %sats), inflammation, others(obesity, hereditary).
-Iron Overload: Iron utilized by liver and bone marrow. Look for their pathology.
-LDH>3K: TTP, bone marrow crowding, metastatic ca.