9/17/25 Morning Report with @CPSolvers

***"One life, so many dreams" Case Presenter**:Qene (@) **Case Discussants**: Mengyu (@zhoumy07) and Kirtan (@KirtanPatolia)*
https://clinicalproblemsolving.com/present-a-case/

Scribing (Julia Z)

CC: Fatigue, productive cough and unintentional weight loss

HPI: 50 F presented with a week of productive cough with sputum, as well as hemoptysis and vomiting associated. Endorses SOB, lost 100 pounds over the past year. Reports severe eczema a few months ago. Started as a patch on her forehead and then progressed to her scalp leading to hair loss

ROS: Neg: chest pain, orthopnea, bipedal swelling, N/V, diarrhea, hematuria, blurry vision // Positive: weight loss, cough, fatigue, hemoptysis and SOB

PMH:
Right sided CVAs (most recent 2014)
HTN

Meds:
Lisinopril
HCTZ

Fam Hx: none

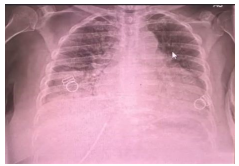
Social Hx: smoking hx 2 packs a day for 27 years (recently 4 sticks per day)

Health-Related Behaviors: no recent travel or sick contacts

Allergies: none

Vitals: T: 98.6 **HR:** 67 **BP:** 182/141 **RR:** 18 **Sat:** 97
Vitals after 1 hour: **BP** 154/106 **HR** 184 **RR** 48 **Sat** 80% on 5L NC
Exam: Gen: A/O X4. In respiratory distress, sitting up in bed. Slow to move.
HEENT: Alopecia and rash on face - malar pattern. Discoloration on face and neck
CV: tachycardic, irregular rhythm, no murmurs or gallops
Pulm: decreased breath sounds bilaterally. No crackles or wheezes. No accessory muscles used.
Abd: nl
Extremities/skin: no edema.
Neuro: Able to move but weakness. 3/5+ muscle strength on UE and LE.

Notable Labs & Imaging:
Hematology: WBC: 15.33 Hgb: 9.3 Plt: 103 MCV: 82
Chemistry: Na: 137 K: 3.5 Cr: 2.46 (baseline 1.21) BUN: 37 Glucose: 150
AST: 136 ALT: 64 Alk-P: Bili: 1.1 Albumin: 3.1 Total Protein: 7.6 CRP: 74 proBNP 52000 Troponin 309 → 363
UA: Urine Protein 13 / Urine creat 53 / Ur Na 60 Lactate 2.1 → 3.2 PT INR 16/1.3
Resp panel neg UA/Utox neg
Sputum culture: nl MRSA nasal swab neg HIV/Hep A/B/C neg
BAL: positive for Strep pneumoniae. Bloody return.
EBV antigen positive / IgM neg / IgG positive
CMV IgG + IgM neg C3/C4 low CRP 1.4 / ACE 72 / Anti-Smooth antibodies positive
Anti-DSDNA positive / Anti-smith positive /
Anti-histone Ab positive / Fr Lt chains Kappa/lambda ratio 0.74 (nl)
Kappa and Lambda light chains high



Imaging:
EKG: Afib w RVR
CXR: airway opacities, cardiomegaly
CT: mild dilation of pulmonary trunk. No PE. Small b/l pleural effusions. Airspace opacities w air bronchograms diffusely, greatest in lower lobes, right > left. Mediastinal adenopathy

Hosp course → Transfer to ICU: Started on dexa and atb. Started on pred taper 40 qd - 5 mg w - 20 mg qd. Follow-up with rheum.

Dx: Drug-induced SLE

Problem Representation: 50 y/o women with PMH of HTN presented w/ constitutional symptoms, respiratory distress, alopecia, rash, AKI, cardiomegaly. On labs: positive Anti-DS-DNA, Anti-histone, Anti-smith and anti-smooth. Final diagnosis Drug induced lupus caused by HCTZ.

Teaching Points (Eugene):

Approach to the constitutional symptoms
-Productive Cough & Weight loss: Chronic inflammation
-Hemoptysis: Localizing cause: Upper airway (nasal polyps), Bronchial tree (bronchitis), diseases of lung parenchyma, vessels.
-Alopecia: Scarring (atrophic, erythema or other abnormality). VS Non scarring (normal skin) Infectious causes:Fungal, HIV, syphilis; Autoimmune: AA, **Lupus,** CTD; Malignancy: direct infiltration/ paraneoplastic effect; Metabolic stress: Telogen effluvium

Approach to hemodynamic instability (when suspecting DAH):
-Secure airway -IV fluids -Keep vasopressors in hand -consider bronchoscopy

Approach to muscle weakness: Ask questions about weakness in relation to patients activities. Consider autoimmune/chronic inflammation