2/5/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Sana (@)* ***Case Discussants****: Youssef (@saklawiMD) & Ravi (@rav7ks)*

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

Scribing (David+Lera)

CC: 76M with night sweats, fatigue and generalized weakness

HPI: 3 months before worsening of arthralgias in hands, shoulder and knees, with inflammatory pattern (morning stiffness). Also developed drenching night sweats.
Over the past few weeks noticed small, violaceous tender lesions, sometimes itchy.
4 weeks ago fever, sore throat and diarrhea, influenza diagnosed
Developed swelling of both feet (attributed to more water intake).

For the past 20 years, cutaneous lesions in cheeks that worsen with sunlight. Diagnosed with rosacea and prescribed metronidazole.
Past 4 years: skin bruises easily.
Traumatic hip and ankle fracture - repaired.

PMH:
HLD
HTN
Hypothyroidism

Meds:
Lisinopril
Levothyroxine
Rosuvastatin
metronidazole

Fam Hx: sister with vitiligo and celiac disease. Brother with TB

Social Hx: farmer

Health-Related Behaviors: drinks beer. Monogamous. Treated for Chlamydia 5 years ago.

Allergies: none.

Vitals: T: afebrile **HR**: nl **BP**: 140/56 **RR**: nl **Sat**: nl
Exam: HEENT: mucous membranes moist, mild bilateral axillary lymphadenopathy. No tenderness on temporal arteries.
CV, **Pulm**, **Abd**: nl
Extremities/skin: small painful violaceous bumps on fingers
Nailfold capillaroscopy: dilated capillaries.
Synovitis of both wrists, pain on palpation of ankles and knees

Notable Labs & Imaging:
CBC normal
Chemistry: Ferritin 528, CK 426, uric acid 6.7, TSH nl, HbA1c nl
LDH, ESR, CRP normal
IGRA, HIV, HCV, HBV, parvovirus B19 neg
Serologies for Bartonella, Coxiella, Brucella, Anaplasma, Ehrlichia negative
ANA 1:320, ANCA, RF, CCP neg **C3 and C4:** nl
ENA: all negative, except for anti-dsDNA positive [U1 RNP neg, HMG-CoA neg]
SPEP and UPEP negative
UA: 1+ protein, 1+ blood, a few RBCs. **UCPR:** 2.4 g/d

Imaging:
TTE: normal
X-rays of hands, wrists, knee: osteoarthrosis changes
X-ray of sacroiliac: normal
CXR: nl **CT**: solitary pulmonary nodule 4 mm [unchanged from previous scan], small pericardial effusion

Renal biopsy: confirmed lupus nephritis type 3

Dx: SLE

Problem Representation: 76 yo male with subacute inflammatory picture with symmetric polyarthritis, bilateral leg edema and violaceous skin lesions. Shows non-nephrotic proteinuria, hematuria, ANA 1:320, anti-dsDNA+. Kidney biopsy confirmed SLE nephritis.

Teaching Points (Shriya)

Fever: Acute (infections) vs Subacute vs Chronic (IMADE)
-**Generalized weakness:**Blood (anemia) vs infections vs Chronic multisystemic syndrome
-**Farmer toils in the soil** > think of Tb to endemic mycoses to cattle exposure(brucella,coxiella)
-Arthralgias :nonspecific vs arthritis
-**Morning joint stiffness** <30 min (OA) vs more (AI pathologies)
-**Arthralgia with violaceous itchy rash** could be indicative of AI (dermatomyositis,Scleroderma,Stills) or Endemic mycosis
-**Dilated nail fold capillaries**:microvascular injury (dermatomyositis,Scleroderma)
-Anti MDA5 dermatomyositis can progress rapidly to hyperinflammatory syndrome
-Blood in urine with RBCs could be early Glomerulonephritis >think of lupus
-3 S :SLE, Scleroderma,Sjogren and myositis vs Overlap syndrome
"TISSUE IS THE ISSUE"