10/8/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Ravi (@rav7ks)* ***Case Discussants****: Rabih (@rabihmgeha) & Ethan (@e_chiu17)*

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

Scribing (Mohammed):

CC: 75-year-old man with **altered mental status** and **petechiae**

HPI: 75-year-old man has AMS, non-bloody diarrhea, fever, and intermittent epistaxis for 2 weeks.

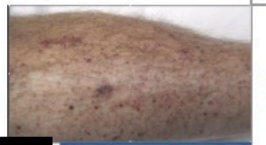
PMH:
DM
pAfib
HTN

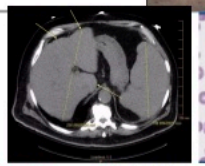
Meds:
Metformin
Apixaban
losartan

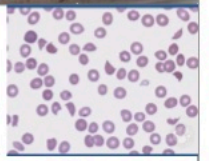
Fam Hx:
nil

Health-Related Behaviors:
nil

Vitals: T: 98.6 **HR**: 98 **BP**: 110/78 **RR**: **Sat**: 96% **BMI**:
Exam: Gen: Lethargic
HEENT: epistaxis
CV: regular rate and rhythm
Pulm:
Abd: **hepatosplenomegaly**
Neuro:
Extremities/skin: b/l lower extremity petechiae







Notable Labs & Imaging:
Hematology:
WBC: 8.5K Hgb: 9.2 **Plt: 11K** MCV: **76**

PT, PTT normal, **LDH: 605 (elevated)**, **Haptoglobin: 243 (elevated)**, Fibrinogen **630**
D-dimer 1.67, **Retic count: 0.008 (very Low)**
Chemistry:Cr: **1.5** (baseline 1.1 - a month ago) AST: elevated ALT: nl

Blood smear: showed **Schistocytes**, anisopoikilocytosis, helmet cells.
CT-abdomen/pelvis: **Hepatosplenomegaly**

Hospital Course: TTP was considered → started on Plasmapheresis >> plt went from (8k →12K) **but AMS didn't improve** → Plasmapheresis stopped.

BM biopsy/FISH: deletion of long arm of chromosome 5 & 2% schistocytes, **> 20% blasts (auer rods)**

Final diagnosis: Acute Myeloblastic Leukemia

Hospital course: After tx (cytarabine), labs showed elevated uric acid, phosphate 6, Ca 4 >> **Tumor lysis syndrome** → unfortunately passed away at the hospital admission day 14

Problem Representation: Elderly man p/w AMS and petechiae, and HSM. Labs show severely low plt, nl haptoglobin, schistocytes, and > 20% blasts with auer rods, ultimately diagnosed with AML.

Teaching Points (Glen)

-AMS: Time Course? Reversible causes?

-Petechiae: unrelated? Plt disorder? Systemic problem?(infection, IE)

-Systemic disorder: bleeding disorder with epistaxis, inflammatory disorder(vasculitis), reticuloendothelial disease (?Cytopenias leading to infection and bleeding)

-Bicytopenia: TTP with high plasmic score(high haptoglobin against it), ITP with chronic anaemia.

-Low Retic Count: bone marrow infiltration.

-Organomegaly: macrophage based disease, proteins, swelling? WBC differential will help.

-Depth of Thrombocytopenia: if severe and isolated likely to be because of antibody attack. In a systemic disorder likely to be an additive effect.

-Schistocytes: Hemolysis(TTP) or breakdown from the bone marrow. TTP with another reticuloendothelial disease?

-Lack of Response from Plasmapheresis: ab mediated disease should give a response. But can have refractory TTP.

-Deletion of Long arm of Chromosome 5: MDS? And can transform to AML.