7/30/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Eyron (@)* ***Case Discussants****: Rabih (@) & Daniel Lim (@)*

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

Scribing (Hans):

CC: 14 year-old female comes with facial swelling.

HPI: Two days prior, pt noted facial swelling now with edema in legs. Due to progression of this condition she went to the ED for further evaluation. Pt denies any new foods, new detergents. No associated fever, chest pain, or dyspnea.

ROS:

Admits a sore throat 3 weeks ago. Urinary frequency one week ago, not associated w/ dysuria and flank pain

PMH:

Unremarkable

Immunizations up to day

Meds:

none

Fam Hx:

none

Social Hx:

none

Health-Related Behaviors:

none

Allergies:

none

Vitals: T: 37C **HR**: 99 **BP**:140/90 **RR**: **Sat**: 99 on RA **BMI**:

Exam: Gen:

HEENT: non-erythematous, no exudates, b/l facial swelling

CV: nl

Pulm: nl

Abd: nl

Neuro: nl

Extremities/skin: B/L leg edema no rash

Notable Labs & Imaging:

Hematology:

WBC:9000(N 43, l 44, m 8, E 6) Hgb: 10 Plt: 322 MCV: 84

Chemistry:

Na: 136 K: wnl Cl:111 HCO3:wnl Ca: Mg: BUN: 9 Cr: Glu:

AST: ALT: ALP: T. Bili: T. protein: Alb: 3g/dl

UA 1+ protein. 3+ blood slightly hazy, urine culture new growth, 65 RBCs, 1 WBC, 5 bacteria

ASO: 1600 (<200)

C3: 0.20 (0.9-18)

Cx: PSG

Problem Representation: 14 y/o f w/ the cc of facial swelling and b/l LE edema . PMH significant for a sore throat 3 weeks ago with labs showing anemia, and a UV w/ 3+ blood.

Teaching Points (Preethi)

Approach to any swelling: usually it's a fluid accumulation, less commonly solid and gas.

Determine if transudative vs exudative

In the face- look for signs of inflammation, like pain (exudative usually U/L ~ to U/L pleural effusion)

B/L facial swelling likely transudate (~ B/L pleural effusion iso HF)

B/L Leg edema → think about heart, liver, kidneys

For a swelling-> is there an obstruction to the blood flow? HF, CKD

Heart failure: increase in hydrostatic pressure in toes> legs>neck> face. Hence, facial swelling less common presenting symptom in HF.

Nephrotic syndrome-> capillary leak syndrome. It is a NON-structural cause of edema. It is a selective nephropathy, loses albumin and small cells. Low albumin is a key <2.5

Usually primary kidney disease. 20% can have systemic disease like hep B, C

Nephritic→NON-selective nephropathy, has a massive hole in glomerular capillary → able to lose LARGE red blood cell. Anemia is a key.

Usually a systemic disease-> whole body can be involved!