

# HAVE I GOT A CASE FOR YOU

Jeremy M. Cauwels MD FACP, FHM

Hospitalist Medicine, Sanford

# IF AT FIRST YOU DON'T SUCCEED...

- CS is a pleasant 31yr old pregnant G7P3 female, 20 weeks 1 day gestation based on fetal ultrasound, with a history of ABO isoimmunization and fetal loss.

# HISTORY OF PRESENT ILLNESS

- The patient began feeling unwell this past Monday with fatigue and lightheadedness. At this point her temperature was 99°F. She went in to her OB physician for routine recheck and had a normal ultrasound. However, later that night she became febrile. Her temperature in the last 2 days has gone as high as 104° last night and has mostly been around 101-102°.

# HPI

- She went in to the clinic yesterday and had a positive rapid strep test, although the patient does not complain of sore throat and has a dry cough. She was given an IM injection of Rocephin there.

# MEDICAL/SURGICAL HX

- **Past Medical History:**
  - ABO isoimmunization
  - Pelvic congestive syndrome
  
- **Past Surgical History:**
  - None

# ALLERGIES

- Penicillin
- Clindamycin-*Hearing loss, metal taste in mouth*
- Sulfa Drugs

# SOCIAL HX

- Pt. reports that she has quit smoking. She has a 2.00 pack-year smoking history. She does not have any smokeless tobacco history on file. She reports that she does not drink alcohol or use illicit drugs.

# FAMILY HX

- Patient has a family history of aplastic anemia. Her brother passed 10 years old when he passed away.
- Asthma in her maternal grandfather and mother; Cancer in her paternal grandfather.



# ROS

- Seasonal allergies.
- Bilateral Headache that seems to be worse when she coughs.
- She describes a myalgia-like sensation as "my body feels uncomfortable."
- Mild constipation.
- She denies any visual changes, shortness of breath, chest pain, abdominal pain, sinus pain, numbness, tingling, nausea, vomiting, diarrhea, urinary symptoms, leg pain, leg swelling, joint pain, or rashes. She has had normal vaginal discharge and no vaginal bleeding. She has had no signs of bleeding except for some minor epistaxis when she blew her nose earlier.

# CURRENT MEDICATIONS

## • Current Outpatient Prescriptions

- Oxymetazoline HCl (NASAL SPRAY)
- Prenatal Vit-Fe Fumarate-FA (PRENATAL VITAMIN)
- cetirizine (ZYRTEC) 10 mg tablet
- Albuterol Sulfate

Rocephin-Given 1 Dose

# PHYSICAL EXAMINATION

- VSS: Temp: 102.7 °F (39.3 °C) | BP: 112/62 | Pulse: 108 | Resp: 18 | Pain Rating: 5 | SpO<sub>2</sub>: 98 %
- General Appearance: alert and in no distress
- Mental Status: alert, oriented to person, place, and time, normal mood, behavior, speech, dress, motor activity, and thought processes
- Eyes: pupils equal and reactive, extraocular eye movements intact
- Mouth: dry mucous membranes, pharynx normal without lesions
- Neck: supple, adenopathy noted in left cervical region

# PHYSICAL EXAMINATION

- Chest: clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry
- Heart: borderline tachycardic rate, regular rhythm, normal S<sub>1</sub>, S<sub>2</sub>, no murmurs, rubs, clicks or gallops
- Abdomen: soft, nontender, gravid
- Back Exam: full range of motion, no tenderness, palpable spasm or pain on motion
- Neurological: alert, oriented, normal speech, sensation intact, CN II-XII intact, strength 5/5 in bilateral upper and lower extremities, no meningeal signs, gait deferred
- Extremities: peripheral pulses normal, no pedal edema, no clubbing or cyanosis
- Skin: normal coloration and turgor, no rashes, no suspicious skin lesions noted

- However, she continued to feel ill, and so she went in again today and was found to be pancytopenic. She was then transferred to Sioux Falls.
- All 3 of her children were diagnosed with Influenza B at home.

# CBC

- WBC 1.2 (LL)
- HEMOGLOBIN 9.5 (L)
- HEMATOCRIT 27.2 (L)
- PLTCOUNT 21 (L)
- MCV 81.9
- EOS 0.0

# A MOMENT FOR US

- Summary and Differential

# LAB STUDIES

- LDH 1235
- Haptoglobin 90 (WNL)
- INR 1.58
- PT 18.8
- PTT 50.2
- D-Dimer >20
- VWB factor and ADAMTS<sub>13</sub>-WNL



# LAB STUDIES

- CMV IgG & IgM (ELISA)-Negative
- Hepatitis ABC-Negative
- HIV, EBV-IgM-Negative
- Parvovirus IgM-Negative
- Rapid Strep + by throat swab
- Influenza (ELISA)-Negative

# A MOMENT FOR US

- What did we miss?

# IF AT FIRST YOU DON'T SUCCEED...

- CMV for rapid PCR was sent...and positive.

# TRY, TRY AGAIN

- The Point
- CMV can be one of many causes of pancytopenia.
  - Multiple studies have shown that PCR is clearly superior to ELISA (when available) for CMV.
    - In Pregnant Mothers, Babies, Transplant patients, etc.