Patient #031

Chief Complaint: This 38 year old black male presented with swelling of his face and extremities for 6 weeks.

History of Present Illness: The patient had a long history of intravenous drug abuse. Six months prior to admission, he had enrolled in a Methadone maintenance program, and had stopped using intravenous drugs. At that time, he was found to be hypertensive,
and was started on hydrochlorothiazide. Six weeks prior to admission, he noted painless swelling of his face, and upper and lower extremities. He gained 20 lbs in weight. He denied fever, rash, sore throat, arthralgias, myalgias, Raynaud's phenomenon, chest pain, cough, shortness of breath, hematuria, or declining urine output.

Past Medical History: No prior history of cardiac, hepatic, or renal disease.

Medications: Methadone, hydrochlorothiazide.

Allergies: none known.

Family History: noncontributory.

Social History: He is married and has two children. He works as a factory clerk. He had a past history of intravenous use of cocaine and brown heroin, and had shared needles. He does not use tobacco or alcohol.

Physical Examination: Well developed, well nourished black male in no acute distress. BP 175/110; pulse 100; respirations 17; temperature 100.0^{o}F (37.7^{o}C).

The head was normocephalic and atraumatic. The conjunctivae were pink. The sclerae were anicteric. The pupils were equal, round, and reactive to light and accommodation. The oropharynx was benign. The neck was supple. There was no jugular venous distention. The thyroid gland was normal in size. There was no lymphadenopathy. The lungs were clear. Cardiac examination revealed a normal apical impulse, and normal S_1 and S_2, without S_3 or S_4 gallop. There was a II/VI systolic ejection murmur at the apex, without radiation. The abdomen was soft and non-tender, with normoactive bowel sounds. The liver was 11 cm in the midclavicular line. The spleen was not enlarged. Rectal examination showed no tenderness or masses; the stool was guaiac negative. The upper and lower

extremities showed 4+ pitting edema; no rash or purpuric lesions were seen. Neurologic examination was normal.

Laboratory Data:

			Normal
CBC	Hgb	12.0	*14.0-18.0 g/dl.*
	Hct	35	*42-52%*
	MCV	88	*84-99 fl*
	WBC	11.7	*4.8-10.8 X $10^{9/L}$*
	Neut	78	*40-70 %*
	lymph's	19	*25-45 %*
	eosinophils	2	*0-6 %*
	platelet count	350	*150-400 X 10^{9}/l*
Chemistries	sodium	137	*135-149 mmol/l*
	potassium	2.7	*3.5-5.3 mmol/l*
	chloride	98	*98-108 mmol/l*
	CO2	28	*24-32 mmol/l*
	BUN	23	*6-20 mg/dl*
	creatinine	2.0	*0.5-1.5 mg/dl*
	glucose	90	*70-110 mg/dl*
	protein, total	7.3	*6.0-8.0 g/dl*
	albumin	2.4	*3.6-5.0 g/dl*
	cholesterol	274	*100-200 mg/dl*
	AST (SGOT)	30	*0-50 U/L*
	ALP	274	*40-125 U/L*

PT and PTT	normal	
ESR	130	*0-10 mm/hr*

Urinalysis: specific gravity 1.030, 3+ protein; microscopic examination showed 40-50 RBCs, 10-15 WBCs, many granular and hyaline casts, and oval fat bodies, but no red cell casts.

24 Hr. Urine: total volume of 2,250 ml, protein of 6.9 gm.

Serum protein electrophoresis: alpha-1 globulin of 6.7 (normal 2.5-4.5), beta globulin 14.1 (normal 8-12), and gamma globulin 25.4 (normal 10-18).

Serum immuno-electrophoresis: IgM 220 (normal 50-350) with IgM kappa monoclonal protein detected; IgG and IgA were normal.

Urine: negative for Bence-Jones protein.

Hepatitis B serologies were negative.

HIV antibody was negative.

ANA was negative; rheumatoid factor was positive.

C_3 level was 124 (normal, 83-117);

C_4 and CH_{50} levels were normal.

Chest Xray : normal heart and lungs.

Renal ultrasound: bilaterally enlarged kidneys, with an increased echo pattern in the cortices.

Abdominal CT scan: aortocaval adenopathy and bilaterally enlarged kidneys.

Two blood cultures showed no growth.