Patient #133

Chief Complaint: This 48 year old black woman presented with weakness.

History of Present Illness: This patient, who had a history of multinodular goiter, depression, and breast cancer, began noticing increased fatigue and ringing in her head one year prior to admission. Her evaluation in the ENT clinic including a temporal bone CT scan was negative. Because of her multiple other symptoms she was given a diagnosis of depression and encouraged to seek psychiatric counseling.

At about the same time she developed irregular and profuse vaginal bleeding and was evaluated by a gynecologist who made a diagnosis of peri-menopausal bleeding and recommended estrogen and progesterone replacement. This caused even heavier bleeding for the next one to two months. After the patient stopped her hormonal treatment the bleeding subsided and did not recur.

Four months prior to admission she was seen in the neurology clinic, again found to be depressed, and was started on nortriptyline. The patient continued to have symptoms of fatigue, tinnitus, moodiness, sleeplessness and anorexia. She complained of numbness and tingling of her hands and feet which interfered with her work at a knitting factory and ultimately caused her to quit her job. The symptoms worsened during the three months prior to admission and during the same period of time she lost 25-30 lbs.

During the month prior to admission she began having trouble with constipation and on the morning of admission took Epsom salts and vomited several times prompting a visit to her local emergency room. On evaluation in the emergency room she was found to be anemic with a hematocrit of 16% and a hemoglobin of 5.4 g/dl. She was transferred to the tertiary care hospital for further evaluation. On further questioning she admitted to intermittent fevers over the previous 1-2 months, though had not taken her temperature. She denied night sweats and cough. There was no history of melena nor bright red blood per rectum. She did complain of mild dyspnea on exertion and had had two episodes of mouth soreness.

Past Medical History: In 1968 she had a hemithyroidectomy for a multi-nodular goiter. Thyroid function tests in 1989 were normal. In 1974 she underwent a right modified radical

mastectomy for breast cancer. She had had no evidence of recurrence. She was admitted to a psychiatric ward in 1978 for depression. In 1982 she was treated for bacterial pneumonia. A year later she was hospitalized for treatment of a right middle lobe pneumonia. She had a history of dysfunctional uterine bleeding and iron deficiency anemia noted one year ago. Her only medication was nortriptyline 30 mg qhs.

Social History: She is divorced and lives with two sons. She is under stress because of family and financial problems. She denied alcohol and tobacco use, and risk factors for HIV infection.

Physical Exam: On exam her temperature was 99.9^{o} F (37.7^{o} C). The pulse was 112 and respirations 24. The blood pressure was 110/70 supine and 110/68 sitting. She was upset and crying during the exam. The skin was dry and warm. Her hands were slightly hyperpigmented. There was a 1.5 x 1.5 cm left axillary lymph node. She had slight exophthalmus. The sclera were icteric. The fundi were normal. The pupils were equally round and reactive to light; the extraocular movements were intact. The tongue was smooth and erythematous. The neck was supple and there was a question of a 2x2 cm thyroid nodule on the left. The heart sounds were normal; there was a I/VI systolic ejection murmur at the left upper sternal border. There were no gallops or rubs. The lungs were clear bilaterally. The abdomen was soft, obese, non-tender with no organomegaly. The stool was guaiac positive. There was no edema. She was oriented x3 and the cranial nerves were intact. She had good strength bilaterally. Sensation was intact to vibration, light touch, pin prick and proprioception. The gait was not tested. She had no deep tendon reflexes in the lower extremities and had 1+ DTR's at the biceps.

Laboratory Data:

			Normal
CBC	Hct	17	*38-47 %*
	Hgb	5.4	*12.3-15.7 g/dl.*
	MCV	105	*81-97 fl*
	RDW	29.1	*12-15 %*
	WBC	2.9	*4-12 X $10^{9/L}$*

	Neut	24	*40-70 %*
	lymphs	76	*20-50%*
	mono	0	*2-10%*
	platelet count	188	*150-440 X 10^9/l*
	reticulocytes	2.1	*0.5-2.7 %*

Peripheral smear: anisocytosis, microcytosis, macrocytosis, a few elliptocytes, ovalocytes, tear drops and basophilic stippling.

			Normal
Chemistries	sodium	135	*135-145 mmol/l*
	potassium	3.8	*3.5-5.0 mmol/l*
	chloride	105	*100-111 mmol/l*
	CO2	21	*24-30 mmol/l*
	creatinine	.7	*0.6-1.2 mg/dl*
	BUN	9	*8-20 mg/dl*
	bilirubin, total	4	*0-1.2 mg/dl*
	glucose	100	*65-110 mg/dl*
	calcium	8.4	*8.5-10.2 mg/dl*
	protein, total	6.9	*6.8-8.3 g/dl*
	AST (SGOT)	158	*9-26 U/L*
	ALT (SGPT)	37	*7-30 U/L*
	LDH	3860	*108-215 U/L*
	ALP	66	*39-117 U/L*
	keratin	18	*50-300 mcg/dl*
	Haptoglobin	<5 mg/dl	*30-215 mg/dl*
	PT	13.6	*10-13 sec.*
	APTT	26.8	*21.5-31.9 sec.*
	Serum iron	86	*35-165 ug/dl*
	TIBC	190	*320-550 mcg/dl*
	ferritin	588	*14-186 ng/ml*

Urinalysis: Cloudy, 1+ protein, trace ketones, 1+ Hgb, increased urobilinogen, 15-25 WBC's per HPF, 0-2 RBC's per HPF, 15-25 squamous epithelial cells.

Urine culture: >100,000 Proteus mirabilis.