

Medical Mimickers CAFP Symposium 2023

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Medical Mimickers

- Gap
- While we try to do our very best when obtaining a history of present illness or performing a physical exam, sometimes we can be thrown off course by a medical mimicker.
- To help us avoid making potential clinical errors we will review actual cases from the ED and by the end of the presentation...



Learning Objectives

By the completion of the session, you the learner will:

1. Have a heightened awareness of medical mimickers
2. Be better able to generate a differential diagnosis and recognize when there are inconsistencies in the data we are acquiring
3. Be better prepared to avoid making an error in diagnosis and possibly delaying treatment because of medical mimickers by recognizing clues to the actual diagnosis

Santucci Files



Santucci Files





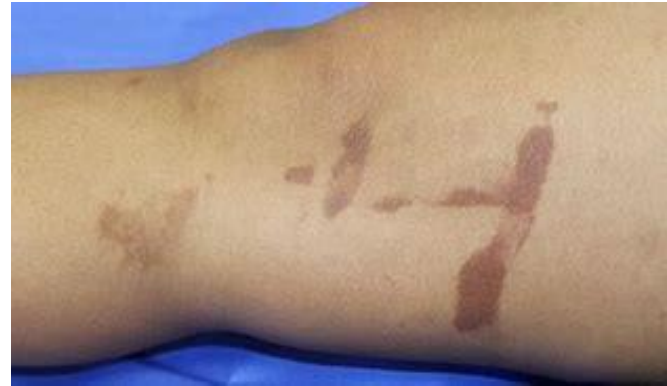
16 Year Old Athlete with a Rash

- Caroline is a 16 year old previously well ice hockey player who was playing in a Summer League
- She is well-appearing, smiling and tan
- She knows you are a clinician and asks if you can take a look at her rash of 3 weeks duration
- On her right thigh there is a hyperpigmented almost linear/streaky rash that resembles a burn
- She went to her Primary Care Provider who was stumped



16 Year Old with a Rash

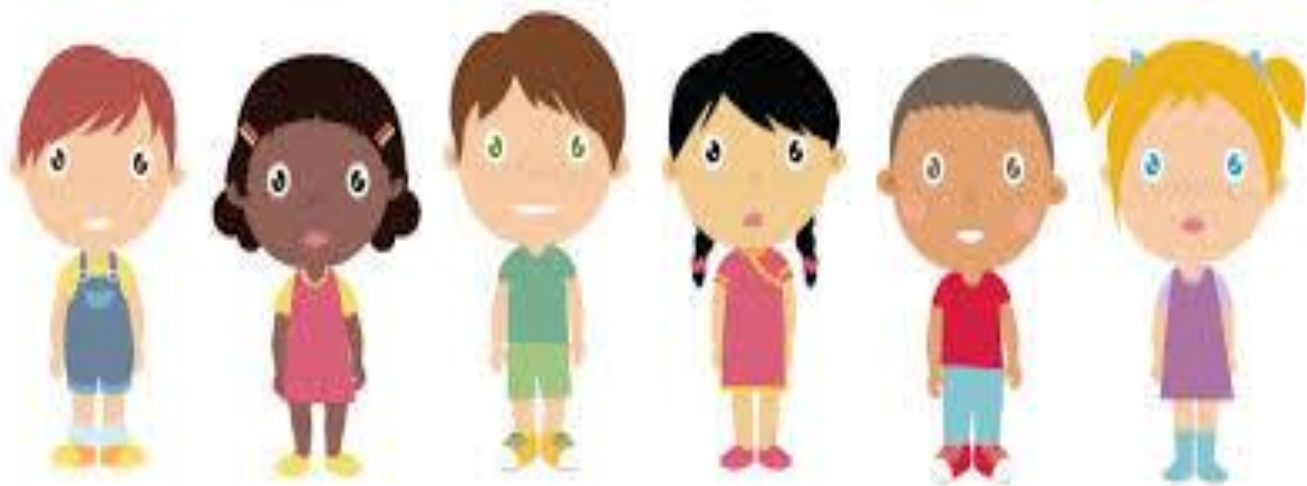
- Non-pruritic
- No fevers
- No vomiting
- No history of trauma
- No new creams or ointments
- She takes no medications
- No Past Medical History
- Then you ask...



The First Day of the Rash

- Great Day
- Eating tacos with friends outdoors
- Brilliant sunshine
- Then spent the afternoon canoeing
- Again, no history of trauma or creams or ointments
- Any ideas?



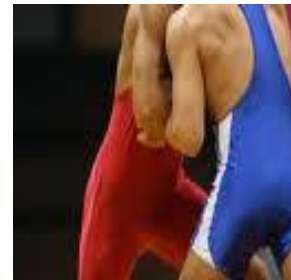


15 Year Old Wrestler with Syncope

Ryan was a 15 year old athletic young man who was cleared for full return to sports after being diagnosed with atrial fibrillation 2 years earlier and having an ablation at an outside hospital.

History of Present Illness

- Wrestling with the team
- Syncopal episode?
- Required CPR...
- Transported to closest hospital



Differential

- Dysrhythmia post-ablation
- Electrolyte Abnormality
- Hypoglycemia
- Hypertrophic Cardiomyopat
- Drug Use



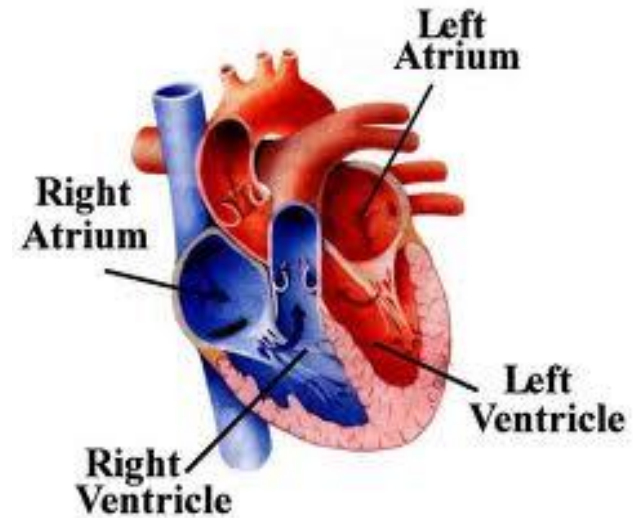
Progression

- Transferred to our Children's Hospital via chopper
- Echocardiogram in ED: small pericardial effusion
- Very ill appearing
- Admitted to PICU
- Became overtly hypotensive
- CT scan of chest/abdomen
- Return to PICU
- Transfer to hospital bed...arrested



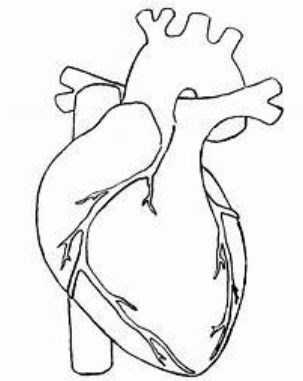
Progression

- Additional interviews
- Autopsy
- Retired cardiac pathologist
- Police
- FBI
- Diagnosis...



WHAT HAPPENED?

Oh My Goodness





Next Patient

- Working in the Greenwich Hospital ED
- Demographics are a bit different than inner-city New Haven
- Next patient
- 11 year old boy with a distal radius-ulna fracture
- Fall from a bike



Fall

- A lot of bruising on his face and extremities
- Last seen 3 months earlier with a proximal humerus fracture
- Mom looks thin and frail and has facial bruising, wearing sunglasses



Progression

- You speak with Jeremy alone
- 3 months ago he fell through an unfinished floor at a home renovation construction site
- Today he said he fell off his bike and broke his arm but he has “a lot” of bruising
- The image of his Mom’s face with bruising makes you think the worst
- You interview Mom alone and ask her if she feels safe?
- She seems puzzled and discloses some information and then you have the diagnosis!



Denouement

- 11 year old boy fractures and bruising and Mom with facial bruising...

Differential

- Non-accidental trauma
- Domestic violence
- Congenital thrombocytopenia
- Toxin: tonic?
- Something else?





January, a 3 Year Old with Vomiting and Flu-like Symptoms

- I was running fast track on a busy winter evening after my Fellowship
- Santucci-Slide
- Next patient to be seen had been waiting 6 hours in the ED
- She had been vomiting several times and did not feel well, her Mom had the same symptoms so Dad brought her in after returning from a business trip
- By the time I saw her she was able to eat an ice pop, she had slept about 5 hrs, vitals were okay and I was moving toward a discharge...

Differential Diagnoses



- Acute Viral Gastroenteritis
- UTI (her urine dip was negative for nitrites and LE negative)
- Influenza or other winter-time viral syndrome
- No history of trauma and her Mom had very similar symptoms

- I made a little small talk as I was doing the Discharge Instructions and asked about brothers and sisters or pets and...
- She started to cry...part of me was relieved that she was making tears..

UH OH!

Nearly Catastrophic

15 Year Old Girl

- Weight gain
- Amenorrhea
- Breast engorgement
- Linea nigra
- Protuberant abdomen



Seems Happy



Busy ED!



Evaluation in the ED

- Physical Exam
- Labs
- Imaging
- Then?!

Intoxicated Teen or Is He?

- Previously well 17 year old boy gets into a fender bender
- He seems altered at the scene
- Denies hitting his head
- No evidence of trauma
- Unsteady gait
- PMHx: Several weeks earlier treated for a dog bite

Progression

- Physical exam
- Concussed
- Admitted
- Observed overnight
- After lunch altered again
- What is going on?!



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