

Case Vignette

A 14 year old Roman Catholic female from Quezon City sought consult at the out patient department due to 2 week history of gum bleeding most noted on brushing her teeth. On further questioning, she shared that she had recurrent episodes of spontaneous nose bleeding that stops on application of pressure. This started approximately a year prior. She also had history of easy bruising after minor bumps. She has her monthly menstrual period that lasts for 7 days. First 3-5 days of her menses is characterized as moderate to heavy bleeding using 2-4 overnight pads per day. This is her first consult with a physician. She has no other symptoms including fever, jaundice, shortness of breath, weight loss, or urinary or bowel movement changes.

She had no previous illnesses, surgeries, hospitalizations or pregnancies. Family history was unremarkable. She denies illicit drug use, smoking or alcoholic beverage drinking.

PE on initial consult:

General appearance	Awake, not in pain, not in distress
Vital Signs	BP 100/60, HR 90, RR 16, Temp: 36.0°C
HEENT	Anicteric sclerae, (+) pale palpebral conjunctivae, no palpable lymphadenopathies. (+) blood stains on teeth, (+) subconjunctival hemorrhage on left eye
Chest/Lungs	Symmetrical chest expansion, clear breath sounds
Cardiovascular	Adynamic precordium, regular rate and rhythm, distinct S1 and S2, no murmurs, PMI at 5 th ICS left midclavicular line
Gastrointestinal	Flat abdomen, normoactive bowel sounds, tympanitic on percussion, soft and nontender abdomen. no palpable masses.
Extremities	Full and equal pulses. No bipedal edema.

Guide Questions

1. What additional points would you like to ask in the history and PE?
2. What are your differential diagnoses at this time? What is your basis for each?
3. What ancillary tests would you request to help you narrow down your diagnosis?

Initial Labs done on consult:

CBC	
Hgb	80 g/L
Hct	23%
RBC	$3.0 \times 10^{12}/L$
MCV	76 fL
MCH	26.6 pg
MCHC	347 g/L
RDW	18.0 %
WBC	$6.5 \times 10^9/L$
Neutrophil	73%
Lymphocyte	24%
Monocyte	2%
Eosinophil	0%
Basophil	1%
Platelet	$17 \times 10^9/L$

PT reference	12.6 secs
PT reference	14.3 secs
INR	1.14
PTT reference	30.38 secs
PTT	33.9 secs

LDH	167 U/L
Crea	46 umol/L
ALT	25 U/L
AST	20 U/L
Total Protein	6 g/dL
Albumin	3.7 g/dL
FBS	90 mg/dL

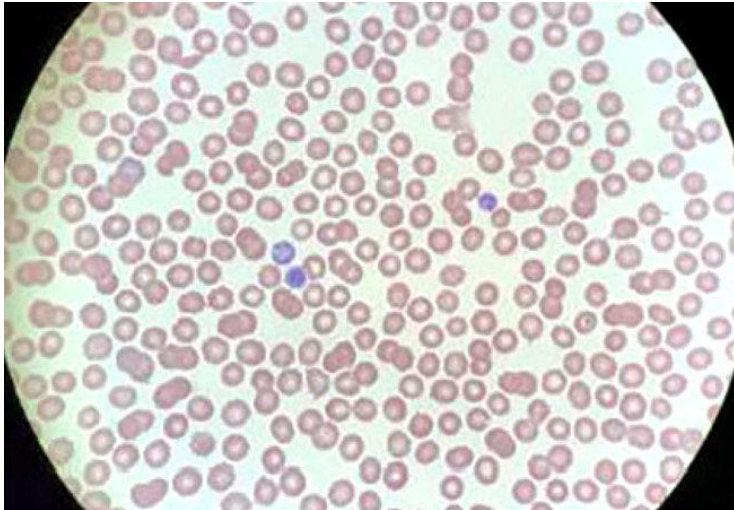
Urinalysis	
Color	Yellow
Character	Clear
pH	5.5
Sp. Gravity	1.009
Glucose	(-)
Albumin	(-)
RBC	0
WBC	0
Epith. cells	0
Bacteria	6
Mucus thread	5

Guide Questions

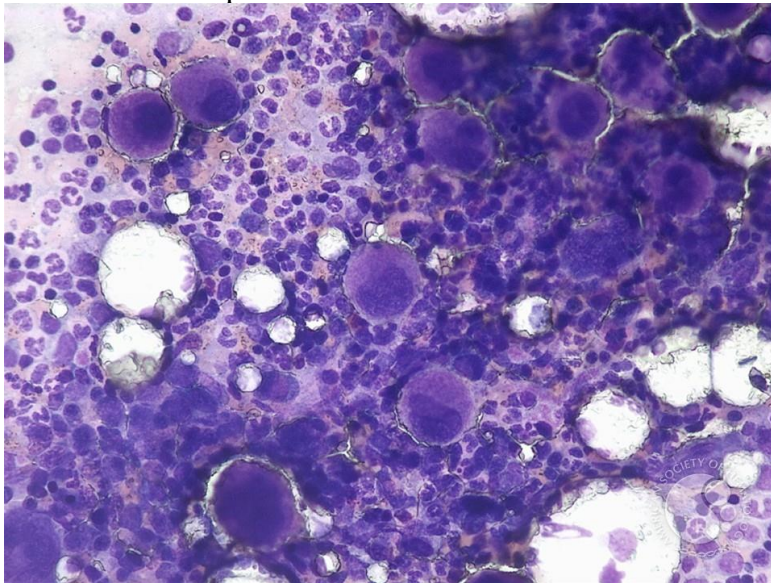
1. How do you interpret the labs?
2. Which differentials are ruled in or ruled out based on these labs?
3. What other ancillary tests would you request to help you narrow down your diagnosis?

Subsequent Labs done:

Peripheral Blood Smear:



Bone Marrow Aspirate Smear:



Bone Marrow Core Biopsy: No fibrosis on reticulin Staining

Flow Cytometry for basic leukemia panel (bone marrow aspirate): No abnormal blast population noted

Karyotyping (bone marrow aspirate): 46XX

ANA: negative

Hepatitis panel: positive for antiHBs but otherwise negative for other Hepatitis A, B and C markers

TSH: 3 miU/L

FT4: 1.5 mg/dL

Coomb's test (direct and indirect): negative

Ferritin 2 mcg/L Iron 7.4 umol/L TIBC 100.45 umol/L

Whole abdomen ultrasound: unremarkable

Guide Questions

1. How do you interpret the labs?
2. What is your final diagnosis?
3. How does the diagnosis explain the patient's signs and symptoms?
4. How will you manage this patient?
5. What is the patient's prognosis?