ZEBRAS IN OUR MIDST 'COMMON UNCOMMON CONDITIONS SEEN IN PRIMARY CARE' (PART DEUX)

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Background

- As of 2016, over 43 years providing health care
  - 10 as family vet, 2 as Orderly, 14 as RRT, 17 as PA.
- Primary /Urgent Care doing same day/next day visits
- Adjunct Assistant Professor: NDSU/MeritCare Respiratory Care, Fargo, ND
- Assistant Professor: Pacific University, PA/Optometry, Forest Grove/Hillsboro, OR
- Preceptor: OHSU School of Medicine (MS4 students)
- Member Kaiser Permanente QA committee
- Author and co-author of a number of articles, abstracts, and a book chapter
- No conflict of interest to disclose
- Referral bias is present in this population

ADAGES

- "If you understand physiology, you can always pick the right answer" Riffat Morgan MD
- "If you hear hoof beats, think horses, except when the circus is in town"
- "All things being equal, the simplest solution tends to be the best one." Ockham's Razor
- "It ain't rare if it's in your chair" Robert Rosenow PharmD, OD
- If you don't consider it, you can't diagnosis it.

Goals of this lecture

① Expand differential diagnosis considered for common complaints seen in primary care
② Review classic diagnostic criteria for uncommon conditions seen in primary care
③ Review common next steps in addressing care for these common uncommon conditions
- This lecture is not to be considered exhaustive. There will be other conditions present that may also appear similar to what is presented. Please use best judgment when deciding to make this diagnostic leap

Format of this Lecture

- Progressive Reveal
  - Slides you have are not the entire slides for the lecture
  - Slides for the lecture will be uploaded at the end of the lecture for your records.
- Emphasis on clinical reasoning, application of physiology and pathophysiology.
- Audience participation is encouraged

Plan for our time

- 5 cases
- 2 bonus cases time permitting
- Adequate time for questions at the end
- Fabulous prizes (need to be present to win)

Review from Last Year

- Thoracic outlet
- Adhesive capsulitis
- Scapular bursitis
- Abdominal Cutaneous Nerve Entrapment
- TMD
- Thoracic Nerve Entrapment

Case 1: 35 Y Female Landscape Designer

- **CC:** Recurrent low abdm pain x weeks
  HPI: Located lower abdomen/pubic region pain, recurrent discomfort, no dysuria, SA only with spouse, no reported risk for STD, no vaginal discharge, LMP was normal and has IUD, pain similar to when pregnant, worse when she runs, training for Hood to Coast
- **ROS:** Otherwise benign
  PMH: G2A0P2, Exercise Induced Asthma
- **Meds:** occasional Tylenol for pain

Objective

- **VS:** BP 106/66 mmHg, HR 74 bpm, RR 16 bpm, Temp 97.8 F, SpO2 100%, HT 5'4", WT 130 lb , BMI 22.3
- **Gen, Eyes, ENT, Cor, Lungs, Derm:** Normal
- **Ext:** no swelling or abnormality
- **MS:** UE strength 5/5 for all groups
- Abdm: Tender in the lower abdomen
- Repro: Normal, nontender, no adnexal mass or fullness, neg CMT, ovaries palpate as normal.

What is the working DDx?

- Three common differentials
- One Zebra
- What exam findings are you looking for?
- Testing or additional information you'd like to know?

Case 2: 45 yo M Homemaker

- **CC:** Ongoing lbp x years
- **HPI:** 45 yo male with ongoing lbp, normal appearing habitus, except about 20 lbs over weight, LBP worse when he bears weight, walks, lifts, exercises, oddly can run comfortably, no radiculopathy, no known injury to his back, no bowel or bladder symptoms. Has been seen numerous times for this, usually gets Ibuprofen, Flexeril and Norco, no better with PT. Pain usually worse as day goes on, walking on hard surface, poor shoes.

Case 2: 45 yo M Homemaker

- **ROS:** otherwise benign
- **PMH:** GERD, Hx BCC, Hypogonadism
- **Meds:** Prilosec OTC, Testosterone injections

Objective

- **VS:** BP 114/68 mmHg, HR 77, RR 14, Temp 97.6, SPo2% 98%, Wt 185 lb
- **Gen, Mental, Head, Derm:** Normal
- **MS:** Limited forward flex at waist, normal twist at waist bilat, normal side lean at waist bilat, back has spasm and is a bit twisted to the right, hips are not level, LE 5/5 for all major groups, no pain with int/ext rotation of hips, knees are benign, ankle/feet benign
- Neur: DTR 2/2 for knee and ankle, 0 clonus bilat, neg SLR bilat, neg Reverse SLR bilat, gross sensation intact

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Case 3: 35 F School Bus Driver

- **CC:** Continued right ankle pain x this past spring.
  HPI: Tender in lateral ankle, concerned has a stress fracture
- **ROS:** neg ROS
  PMH: PCOS, OSA, TMD, Hx Chole
  Meds: Phenteramine/Topamax

Objective

- **VS:** BP 165/97, HR 70, RR 12, Temp 97.6, SPO2% 98%, Wt 264
  Gen, Mental, Derm, Vasc, Neuro: Normal
- **MS:** + Tender to the lateral ankle, pain with inversion.
- Neur: Intact
- Vasc: warm/dry

What is the working DDx?

- Three common differentials
- One Zebra
- What exam findings are you looking for?
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Case 4: 65 F Store Greeter

- **CC:** burning with urination x 2 days.
  HPI: Tx'd recurrently for UTI for the past year.
- Does not really feel atbx ever really clear up the symptoms, drinks good amounts of water daily.
- Rarely SA with her husband.

Case 4: 62 F Store Greeter

- **ROS:** -f/c/s/s/n/v, + burning, mild + urgency, - frequency, no diarrhea or change in BM, no flank pain.
- **PMH:** Nephrolithiasis, TAH age 34 benign reasons, Insomnia, Tob Use, PreDM, C-Section x 2
- **Meds:** Prilosec, Wellbutrin, Ambien

Objective

- **VS:** 107/65, HR 84, Temp 96.8, RR 18, Wt 150, Ht 5'6, BMI 24 Kg/M2
- **Gen, Mental, Head, Lungs, Cor, Repro:** Normal
- **Abdm:** flat, nabs x4, normal percuss x 4, otherwise benign, neg CVA punch bilat

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Case 5: 65 yo Male Steamfitter

- **CC:** left thigh burning pain off/on x months
  - **HPI:** no lbp, no exertional component, no bowel or bladder symptoms, involves most of the left anterior-lateral thigh.
- **ROS:** neg
- **PMH:** OSA, HTN, DM2, Hx MI, Stasis Dermatitis, Lumbar arthritis
- **Meds:** Lisinopril, Metformin, ASA, Percocet

Objective

- **VS:** 118/65, HR 74, RR 12, Temp 97.6, Wt 193 lb, Spo2% 98%
- **Gen, Mental, Head, Eyes:** WNL
- **MS:** Normal forward flex at waist (limited by his belly), normal twist at waist bilat, normal side lean at waist bilat, LE 5/5 for all major groups, no pain with int/ext rotation of hips, knees are benign, ankle/feet benign
- Neur: DTR 2/2 for knee and ankle, 0 clonus bilat, neg SLR bilat, neg Reverse SLR bilat, gross sensation intact

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BONUS CASES TIME PERMITTING

Case 6: 45 F Investment Broker

- **CC: right knee pain x weeks**
- **HPI:** Medial knee pain, no known injury, no hx of prior injury, started after vacation to the beach earlier this summer.
- No treatment tried except for occasional ibuprofen at night.
- No swelling, locking or giving out reported.

Case 6: 45 F Investment Broker

- **ROS:** Gen, Derm, ENT are normal
- **Neuro:** no complaints
- **PMH:** Acne, Allergic Rhinitis
- **MEDS:** Flonase, Loratadine

Objective

- **VS:** 136/82, HR 68, RR 12, Temp 97.6, Spo2% 100%, Wt 180 lbs, Ht 5'4", BMI 31
- **GEN, Mental, Head, Eyes, Neck, Lymph, Chest, Derm, Neuro**: normal
- **Gen, Mental, Head, Eyes:** WNL
- **MS:** LE 5/5 for all major groups, no pain with int/ext rotation of hips, left knee benign, right knee with no effusion, neg grind, no ACL/PCL/MCL/LCL laxity or tenderness, Neg Lachman, Neg McMurray, Well developed VMO, ankle/feet benign
- Neur: DTR 2/2 for knee and ankle, 0 clonus bilat, neg SLR bilat, neg Reverse SLR bilat, gross sensation intact

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Case 7: 35 yo F Admin Asst

- **CC:** Ongoing headache x 2 weeks
- **HPI:** 35 yo female, long hx of migraines, typically lasts 2 days, aborts with Maxalt, no preventive meds, works administrative assistant, hx of myofascial pain, has had long migraines in past, these then seem worse when she has a stiff or sore neck, often associated after working as she thinks poor ergonomics at work. Band like pain along the right side of the head, tender neck.
- **ROS:** Neg
- **PMH:** Hx appendectomy, Migraine
- **Meds**: Oral Contraceptives, Maxalt

Objective

- **VS:** 119/773, HR 77, Temp 97.8, RR 15, Ht 4'11", Wt 116 lbs, BMI 23.5 SpO2 100%
- **Gen**, **Mental, Head, Lungs, Lymph, Derm:** Normal.
  MS: neg shoulder exam. Tender in back of scalp at the occipital region.

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