



HOLY C.O.W.!

IT'S...

Clinical Question of the Week #8
August 18th, 2008 through August 25th,
2008

Please e-mail your answers to Kuo, Tim, Wendy, and Kevin (klian@mednet.ucla.edu; tprovias@mednet.ucla.edu; wsimon@mednet.ucla.edu; kbreger@mednet.ucla.edu) by 0800 on Monday, August 25th, 2008. The resident or intern with the most correct answers at the end of each month will receive a prize!

Case: A 71-year-old man with a history of hypertension and dyslipidemia presents for a new to doctor visit at IMS, two weeks after a recent right hemiarthroplasty, which was complicated by NSTEMI. During the hospitalization, the patient underwent coronary angiography and a stent was placed in the distal right coronary artery after an occlusion was found. His post-operative course has been otherwise unremarkable, he has been feeling well, and has had no significant complications from his NSTEMI. On review of systems, the patient reports occasional headache and muscle aches. He has also noticed mottled and spotty appearing skin changes, which he attributed to being anemic from the surgery. Physical exam reveals the finding on fundoscopic exam, shown below. Labs are obtained in clinic, which reveal WBC 10.2 (55% neutrophils, 30% lymphocytes, 5% eosinophils, and 3% monocytes), Hb 10.8, and plts 267. Chemistries are notable for a mild increase in his creatinine to 1.2, up from 0.8 noted a few months ago.



Questions:

1. What is the diagnosis?
2. What are the risk factors for this condition?
3. What is the finding shown in the image?
4. Other than the finding above, name three other manifestations of this condition.