**Small Group Breakout Session**

*Participant Version*

**Case 1 – Case Vignette-Style Question of Patient with Diabetic Nephropathy**

A 57-year-old Black male presents to the office for an annual checkup. He was diagnosed with hyperlipidemia and hypertension for which he takes rosuvastatin and hydrochlorothiazide. He has been non-compliant on his medications. He has no complaints other than noticing his urine seems “foamy.” Examination shows trace edema in the lower extremities. Urinalysis shows microalbuminuria and glucosuria. His HbA1C is 9.0% and a random blood glucose is 246 mg/dL. Vitals are reported in the table.

|  |  |
| --- | --- |
| Temperature | 99.0°F (37.2°C) |
| Heart Rate | 70 bpm |
| Respiratory Rate | 12 breaths/min |
| Blood Pressure | 146/84 mmHg |

The patient was lost to follow up and admitted to the hospital three years later with fatigue, cramping, abdominal pain, and swelling in his legs. Renal biopsy shows eosinophilic nodular glomerulosclerosis.

What is the most likely diagnosis?

1. Post-streptococcal glomerulonephritis
2. Diabetic nephropathy
3. Amyloid nephropathy
4. Focal segmental glomerulosclerosis
5. Granulomatosis with polyangiitis

Rationale: Black patients are diagnosed with diabetes at greater rates than white patients. With a HbA1C is 9.0% and a random blood glucose is 246 mg/dL, the patient met diagnostic criteria for diabetes. This patient was non-compliant on medications and did not return for a follow-up visit so his condition worsened until the patient presented with diabetic ketoacidosis and renal failure. Eosinophilic nodular glomerulosclerosis (Kimmelstiel-Wilson nodules) is a pathologic finding of diabetic nephropathy.

*Sample Case Author: R. Vagedes (2021)*

**Case 2 – Case (Excerpt) of Patient with *Pneumocystis jiroveci* Pneumonia (an AIDS-Defining Illness)**

A person sitting in a chair

Description automatically generated with medium confidence

**CC:** cough, fever

**HPI:** Roberto Gonzalez is a 27-year-old Latino male presenting to the office with a 2-month history of a non-productive cough that makes him feel short of breath sometimes. Cough medication does not help, and activity makes his cough worse. He states has also had a fever for the past 2 weeks which he reports ibuprofen has been helping to control his temperature. He has also noticed he lost 7 lbs unintentionally in the past month. He is concerned about his health and says balancing upcoming exams and with his health has been giving him a lot of anxiety.

**PMHx:** major depressive disorder, general anxiety disorder

**Meds:** citalopram 40 mg qd, ibuprofen 250 mg bid prn

**Allergies:** NKDA

**Immunizations:** flu (2020), TDaP (2015)

**Surgical Hx:** appendectomy (2005)

**Family Hx:** Mother (55, alive) – hyperlipidemia; Father (57, alive) – HTN, pre-diabetes; unknown grandparent hx; no siblings

**Social Hx:** college student studying communications, lives with one roommate, drinks 3 cups coffee/day, drinks 8-12 beers each weekend, admits to using Adderall he buys from roommates for partying 1-2 times/month, denies tobacco use

**Sexual Hx:** sexually active exclusively with men, state he thinks he has had at least 10 sexual partners in the past year but he is not sure, states he has never had a previous STI, states he occasional uses condoms but often forgets

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*Sample Case Author: R. Vagedes (2021)*