

Immune Part Pathophysiology Case Studies – Answer Key

Scenario 1:

D.W. is a 25-year-old married woman with three children under 5 years old. She came to her physician 7 months ago with vague complaints of intermittent fatigue, joint pain, low-grade fever, and unintentional weight loss. Her physician noted small, patchy areas of vitiligo and a scaly rash across her nose, cheeks, back, and chest at that time. Laboratory studies revealed that D.W. had a positive antinuclear antibody (ANA) titer, positive anti-dsDNA test, positive anti-Sm test, elevated C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR), and decreased C3 and C4 serum complement. Joint x-ray films demonstrated joint swelling without joint erosion. D.W. was diagnosed with systemic lupus erythematosus (SLE). Her initial treatment consisted of hydroxychloroquine (Plaquenil) 400mg and prednisone (Deltasone) 20 mg orally per day, bed rest, and ice packs. D.W. responded well and the steroid was tapered and discontinued. She was told she could report for follow-up every 6 months unless her symptoms became acute. D.W. resumed her job in environmental services at a large geriatric facility.

1. What is the significance of each of D.W.'s laboratory findings?

- Positive ANA:** most sensitive test for lupus (screening) - 90% of all SLE patients will be positive.
- Positive anti-dsDNA & positive anti-Sm:** the most specific to SLE
- Elevated CRP & ESR and decreased C3 and C4:** nonspecific markers of inflammatory processes in the body. She has an active inflammatory process.

2. What priority problems would be addressed in D.W.'s care plan at that time of diagnosis?

- Education about the disease process, treatments, possible complications, recognizing signs of exacerbations, measures to reduce risk of infection, importance of good nutrition and stress reduction, and how to limit rash eruption.

28 mos after dx, D.W. seeks out her physician with complaints of puffy hands and feet and increased fatigue. D.W. reports that she has been working longer hours because of the absence of two of her fellow workers.

3. Which laboratory findings concern you, and why?

- Her BUN & creatinine are slightly elevated; she is slightly hyponatremic, and her urine should not have protein or red blood cells (RBCs). These are all consistent with the likelihood of D.W. having developed glomerulonephritis secondary to SLE. Immune complexes are formed against connective tissues that are eliminated through the kidneys; the immune complexes are too large to be filtered and thus collect within the glomerulus, eventually destroying the basement membrane. As the process continues, D.W. is at risk for developing end-stage renal disease.

Scenario 2:

You are working in a community health clinic and you have just taken C.Q., a 38-year-old woman, into the consultation room. C.Q. has been divorced for 5 years, has two daughters (ages 14 and 16), and works full time as a legal secretary. She is here for her yearly routine physical examination. C.Q. states she is in a serious relationship, is contemplating marriage, and just wants to make certain she is "okay." No abnormalities were noted during C.Q.'s physical examination. Blood was drawn for routine blood chemistries and hematology studies; since she has never been tested, C.Q. agrees to a human immunodeficiency virus (HIV) test. The physician requests you perform a rapid HIV test, which is an antibody test. Within 20 minutes, the results are available and are positive.

1. What counseling do you need to provide to C.Q.? Could this be a false positive?

2.

- You need to explain the meaning of the rapid test result in simple terms, avoiding technical jargon.
- Emphasize the importance of having confirmatory testing and that you need to draw another blood sample. Go ahead and schedule a return visit for the confirmatory test results. Tell her that it is important she take precautions to avoid possibly transmitting the infection to others while awaiting results of confirmatory testing. A simple message to convey this information could be, "Your preliminary test result is positive, but we won't know for sure if you are infected with HIV until we get the results from your confirmatory test. In the meantime, you should take precautions to avoid transmitting the virus." Then review measures to decrease the risk of HIV transmission, including use of a condom with her partner during anal and vaginal intercourse.

3. C.Q. assumes or believes (1) her partner is HIV positive; (2) he intentionally withheld the information from her; and (3) he intentionally transmitted the HIV to her through unprotected sex. Based on your knowledge of HIV infection, how would you counsel C.Q.?

- First, ask C.Q. whether she received a blood transfusion between 1978 and 1985; underwent dental work or surgery or sustained trauma within the past several years; used a needle to inject drugs or medications into her body (even once); got tattoos; or if she and her partner are currently using condoms during intercourse.
- Suggest that C.Q. talk to j. about undergoing HIV testing; there is a possibility that j. is not infected or that he is unaware that he has the HIV infection.
- Have C.Q. make an appointment with an HIV specialist to talk about her disease and undergo further testing and workup.

1case Studies In Pathophysiology Answer Key

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Study Guide for Pathophysiology - E-Book Jacquelyn Lou Banasik,2021-09-13 **Lewis's Adult Health Nursing I and II: Assessment and Management of Clinical Problems_5SAE 2V - E-Book** Chintamani,Dr. L. Gopichandran,Mrinalini Mani,2024-05-20 The 12th edition of Lewis s Medical Surgical Nursing served as the model for Lewis s Adult Health Nursing I II Fifth South Asia Edition which offers a thorough authentic approach to medical surgical nursing or adult health nursing in a clear approachable manner for students This fifth South Asia edition has been thoroughly revised to incorporate the most current information in a format that is easy to learn and practice Not just a textbook this edition is a reference for essential information needed by the students for preparing for all international nursing examinations Additionally it can serve as a vital companion in clinics operating rooms and emergency settings to standardize patient care in all stings *101+ Primary Care Case Studies* Sampath Wijesinghe,2024-12-10 Delivers real life primary care case studies from more than 50 physician assistants nurse practitioners and physicians With a focus on illustrating care that is both competent and compassionate this workbook style resource features 101 engrossing narrative case studies that demonstrate how best to diagnose treat and manage a patient based on the history of the illness a review of systems relevant patient history and physical exam findings Readers will find probing questions within each case to help them determine differential and most likely diagnoses diagnostic tests to order and appropriate patient management strategies using relevant references Each case study is organized to simulate the patient care journey from chief complaint to outcome The second edition not only updates cases to reflect newest guidelines and protocols but also features 25 brand new cases and expands the body systems addressed including Psych Mental Health Twenty five cases are available online to faculty for student assignment Covering conditions across all organ systems and the lifespan the workbook offers an authentic perspective on what to expect in the patient care environment It even includes information on pathophysiology and how to use ICD 10 codes in documentation Unique to the book is its emphasis on both the science and art of medicine by including personal insights into quality and compassionate care Serving a virtual clinical preceptor the workbook can be used independently or in a classroom setting It is accompanied by an online student supplement on Springer s Connect website providing answers and rationale to all questions real outcomes of the cases and personal insights from case contributors New to the second Edition Twenty five completely new cases targeting the areas of Psych Mental Health Cardiovascular Neurology Rheumatology and Infectious Disease Twenty five additional online cases are available exclusively to faculty for student assignment Updates and revises all cases to reflect newest guidelines and protocols Key Features Uses a consistent case study design and critical thinking exercises to help students work step by step through patient scenarios Teaches clinical and bedside manner skills imperative for delivering quality care Covers patients across the lifespan Embedded in a humanistic approach to patient centered care Addresses patient education medical and legal concerns and interprofessional collaboration Includes online supplement with answers to

case study questions and patient management insights from contributors Provides instructors with TOC accessible by chief complaint diagnosis patient population and organ system **Gastrointestinal Motility** Satish S.C. Rao,2012-12-06

Gastrointestinal motility has evolved from an esoteric laboratory tool into a sophisticated diagnostic technique that is now widely used clinically to guide in management of complex gastrointestinal problems Today it is the most rapidly growing subspecialty within gastroenterology Previously many of the gastrointestinal motility problems were either ignored or attributed to a disturbance of psyche But with the growing knowledge and understanding of how a dysfunction of the gastrointestinal muscle and nerves can cause disease we are at the threshold of a revolution in our approach to the diagnosis and treatment of gastrointestinal motility disorders The purpose of this book is to serve as a useful up to date reference manual and guide for the diagnostic and therapeutic approach towards common adult and pediatric gastrointestinal motility problems In order to enhance the understanding of these disorders a problem oriented approach has been chosen and wherever possible the authors have provided clinical case scenarios to illustrate their message The emphasis has been on how to diagnose and treat motility disorders rather than to provide an encyclopedic information The reference list at the end of each chapter should enable the enthusiast to seek further information Some of the material presented in this book has been derived from the proceedings of the annual University of Iowa College of Medicine GI Motility Symposia *A Handbook of Pathology Basics* N.B. Singh, *A Handbook of Pathology Basics* is a comprehensive guide tailored for absolute beginners in the field of pathology This essential resource offers clear and concise explanations of fundamental concepts from the intricacies of cellular pathology to the mechanisms underlying various diseases With a focus on accessibility each chapter presents complex topics in an easily understandable manner making it an indispensable tool for medical students healthcare professionals and anyone seeking a solid foundation in pathology Whether exploring the diversity of conjunctival microbiota or delving into the dynamics of retinal blood flow this handbook provides a thorough introduction to the fascinating world of pathology Lewis's Medical-Surgical Nursing, Fourth South Asia Edition - E-Book Chintamani,Dr. L.

Gopichandran,Mrinalini Mani,2021-12-21 Content mapped and aligned to the revised BSc Nursing syllabus Nearly 60 nursing care plans incorporated within the textbook focusing on nursing assessment diagnoses intervention and outcome applying them to nursing practice Several new pathophysiology maps added to the chapters National programs added National Blindness Control Program National Deafness Control Program Indian Transplantation programs Other topics incorporated in the text Eye banking Post heart transplant follow up management with checklist Nursing management of patients in emergency and disaster situations Highlights of newly introduced courses e g Nurse Practitioner Midwifery Hospice care in India National Pressure Ulcer Advisory Panel NPUAP guidelines for assessment of pressure ulcers Screening for breast cancer and cervical cancer Content on occupational and industrial disorders added Ancillary Content on MedEnact Website Educator Resources TEACH for Nurses lesson plans PowerPoint presentations Image Collection Nursing Care Plans Student

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