



EXCEPTIONAL CARE. WITHOUT EXCEPTION.



School of Medicine



Clinical Addiction Research and Education

# Case-Based Addiction Medicine Teaching-I

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# Overview

## Medical Complications Case Scenarios:

1. The Febrile ED Patient
2. Painful Cellulitis and IDU



# Case Presentation 1

## (morning report)

A 31 year old man presents to the ED “feeling sick”

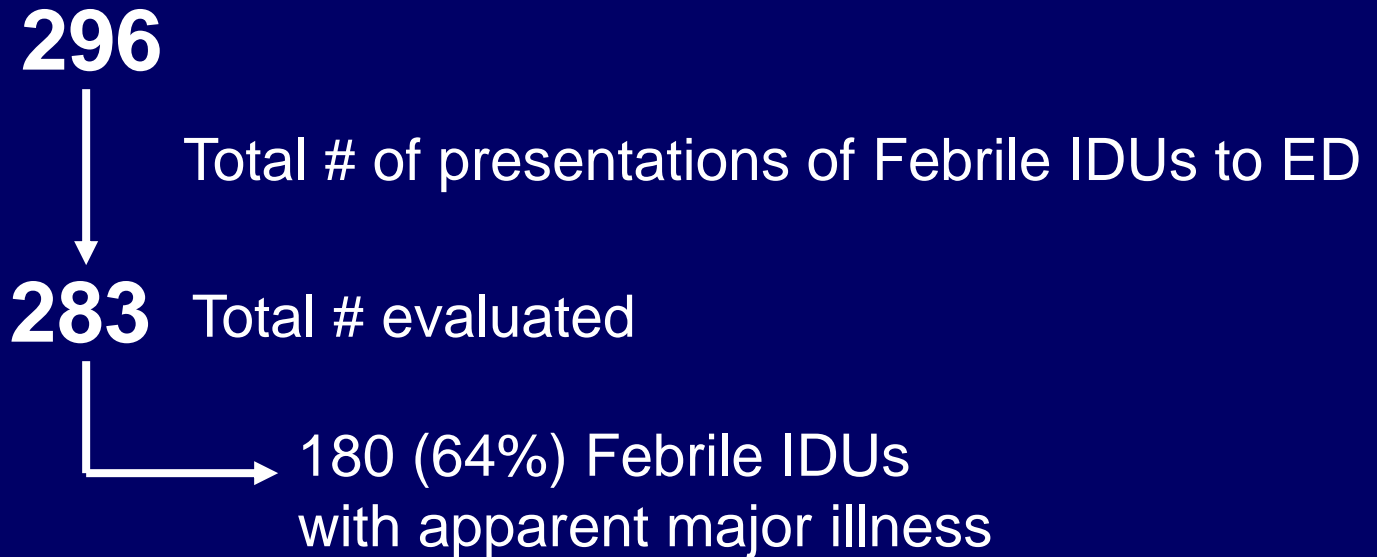
- Recent injection heroin use
- Symptoms - myalgias, weakness, cough
- No history of TB or HIV
- PE – T: 101.2° F
- No cardiac murmur, non-tender abdomen
- Labs - WBC 12,000 with normal differential
- Urine-trace protein

# Case Presentation 1

What is your next step after sending blood cultures?

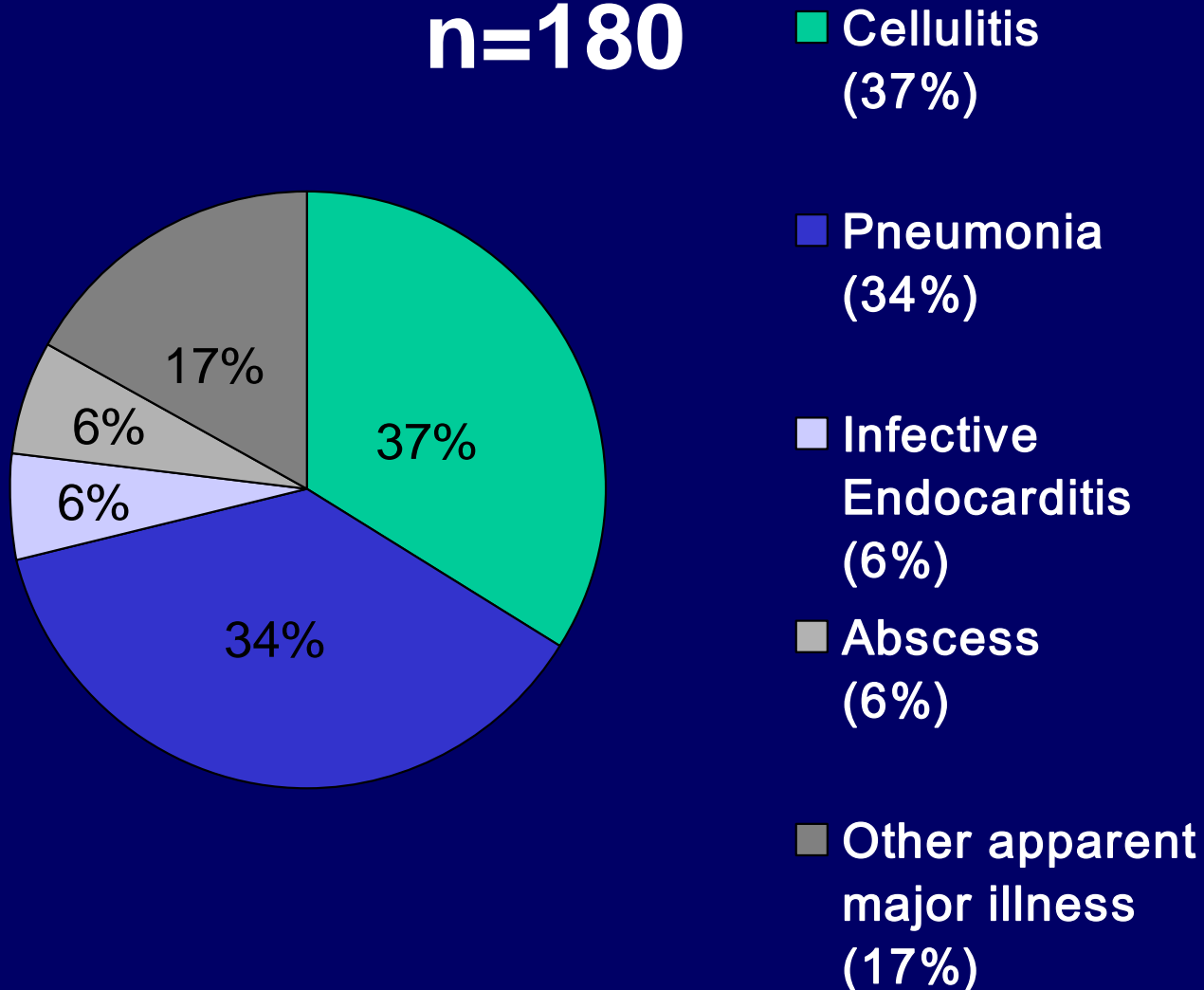
- A. Discharge with antibiotics
- B. Discharge without antibiotics
- C. Hospitalize and treat with antibiotics
- D. Hospitalize but do not initiate antibiotics

# Febrile IDUs-Presentation to Boston City Hospital ED 1/88-1/89



# Major Illness at Presentation

n=180



Samet JH, Shevitz A, Fowle J, Singer DE. *Am J Med.* 1990;89:53-57

Marantz PR, Linzer M, Feiner CJ, et al. *Annals Intern Med.* 1987;106:823-828.

# Febrile IDUs-Presentation to Boston City Hospital ED 1/88-1/89

296



Total # of presentations of febrile IDUs to ED

283

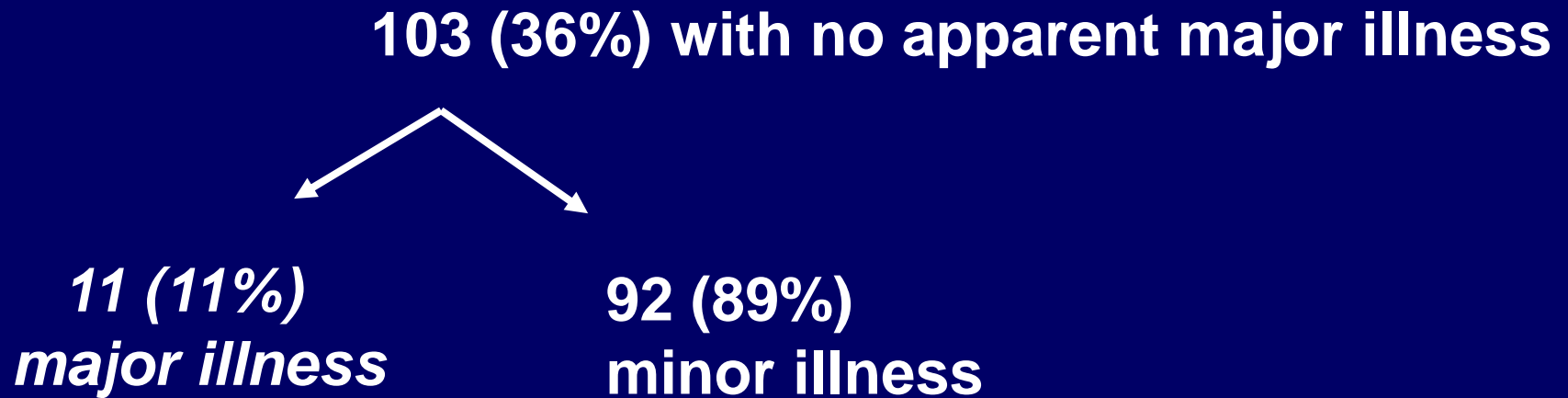


Total # evaluated

180 febrile IDUs with apparent major illness

**103 (36%) with no apparent major illness**

# Febrile IDUs-Presentation to Boston City Hospital ED 1/88-1/89





# Diagnosis of Patients with Occult Major Illness

Patient	Diagnosis	Bacteremia
1	Infective Endocarditis	Group G $\beta$ -hemolytic streptococcus
2	Infective Endocarditis	Staphylococcus aureus
3	Infective Endocarditis	Staphylococcus aureus
4	Infective Endocarditis	Staphylococcus aureus
5	Infective Endocarditis	Staphylococcus aureus
6	Infective Endocarditis	Staphylococcus aureus
7	Infective Endocarditis	Staphylococcus viridans
8	Pneumonia	None
9	Pneumonia	None
10	Disseminated intravascular coagulation	None
11	Deep venous thrombosis	None



# Case Presentation 1

## Outcome

-- Recent injection heroin use  
- Myalgias, weakness, cough  
- PE – T: 101.2° F  
- No cardiac murmur  
- non-tender abdomen  
- WBC 12,000 with normal differential  
- Urine-trace protein

- Tests
  - Chest x-ray-normal
  - Blood cultures negative after 24-hrs.
- Assessment/Plan
  - Diagnosis-Viral Syndrome
  - Patient discharged home
  - Referred for addiction counseling

# Febrile IDUs- Recommendations

- No combination of clinical characteristics effectively identified the febrile IDU with inapparent major illness.
- The hospitalization decision in febrile IDUs rests primarily on the need for patient follow-up after blood culture results are known.
- If follow-up is not possible, the patient should be hospitalized.