Supplementary File 1

1.1. Methodology Supplementary

The following questions were posed to the chat-bots to obtain their primary diagnosis, differential diagnoses and suggested investigations:

Question 1. [Age, gender and chief complaint] What are your differential diagnoses and which one amongst them is your top diagnosis?

Question 2. [Full history and physical exam findings in the first presenting hospital for current chief complaint] What are your primary diagnosis and differential diagnoses? What investigations will you suggest to ascertain the diagnosis?

Question 3. [All information excluding the investigation results] What are your primary diagnosis and differential diagnoses? What investigations will you suggest to ascertain the diagnosis?

Question 4. [All information] What is your primary diagnosis and differential diagnoses for this patient? What further investigation will you suggest?

Question 5. Please rank your diagnoses in descending order of likelihood.

For GPT-4, questions 1 to 5 were posed. If the patient first presented to the author's hospital for his/her chief complaint, question 2 was omitted. For GPT-3.5, only question 4 and 5 were inputted. Responses from both GPT models were presented in Supplementary Table 1.

1.2. Supplementary Table 1 Summary of GPT Responses As Compared To Clinician Suggestion In NEJM Cases In The Past Five Years

Case	Clinicians' suggestion	GPT-3.5 response (with full work-up given)	GPT-4 response (with CC)	GPT-4 response (acting as first clinician managing the patient)	GPT-4 response (acting as clinician in referred hospital)	GPT-4 response (with full work- up given)	Primary Dx correct?	Final Dx included ?	GPT3.5 score	GPT4 score	Ix able to reach the final Dx?
impairment 1. Case 21-2018: A 61-Year-Old Man with Grandiosity, Impulsivity, and	Primary Dx: Post-stroke mania and the frontal lobe	Primary Dx: Bipolar disorder	Primary Dx: Bipolar disorder, manic episode	N/A, patient first presented to the author's hospital for his/her chief	Primary Dx: Bipolar disorder, manic episode	Primary Dx: Bipolar disorder, manic episode	N	N	11 [5 + (3x2)]	9 [5 + 4]	Y
Decreased Sleep ¹	syndrome Ix: MRI brain	DDx: Substance- induced mood disorder, underlying neurological condition (remote infarcts, diffuse white-matter disease), hyperthyroidism, schizophrenia/schizoa ffective disorder Ix: CBC, TFT, MRI brain, neuropsychological testing, consult	DDx: Alcohol- induced mood disorder, substance induced mood disorder, delirium, depression with mood- congruent psychotic features, neurodegenerati ve disease,	his/her chief complaint.	DDx: Alcohol- induced mood disorder, substance induced mood disorder, delirium, depression with mood-congruent psychotic features, neurodegenerative disease, secondary to medical condition (hyperthyroidism/st eroid use)	DDx: Alcohol- induced mood disorder, substance-induced mood disorder, delirium, depression with psychotic features, neurodegenerative disease, hypomania secondary to medical condition					
		psychiatrist	secondary to medical condition (hyperthyroidis m/steroid use)		Ix: CBC/ electrolytes/ LFT/RFT/TFT urine drug screen, MRI brain, assess alcohol withdrawal, consult	Ix: CBC/electrolyte/L FT/RFT/TFT, urine drug screen, MRI brain, assess					

2. Case 5-2019; A 48-Year-Old 48-Year-Old 48-Year-Old Woman with officiency, Delusional Delusional Paresthesia of the Right Hand-Paresthesia of the Right Ha							psychiatry	alcohol withdrawal, consult psychiatrist					
Moman with Delusional pricious Thinking and Puresthesia of the Right Hand I Biz level Biz level Features, and the response of the Right Hand I Biz level Features, an	2.		•	•	•	•	•	•	N	N	5	7	Y
Paresthesia of the Right Hand ²		Woman with Delusional	deficiency, pernicious	Schizophichia			*	izoaffective			[5]	[5 + 2]	
Ix: Vitamin B12 level Features, Discussional disorder, prief Discussional disorder, delucional disorder, delucional disorder, diso		Paresthesia of	anemia	induced psychosis,									
B12 level Features, neuropathy, thoracic outlet, shorters, and disorder, brief disorder, conversion disorder, conversion disorder, conversion disorder, disorder, conversion disorder, disorder, conversion disorder, disorder, conversion disorder enterpment, conversion disorder Ix: Psychiatric evaluation, electrolyte/B12 level/TF1, LP, MRI brain, electrolyte/B12 level/TF1, LP, MRI brain		the Right Hand	Ix: Vitamin	,			,						
Section Sect					neuropathy,	delusional	neurocognitive	psychotic					
Is: Psychiatric evaluation, neurological evaluation, neurological evaluation, neurological evaluation, neurological testing, EEG, MRI Brain, LP Solution and the properties of the properties o					syndrome,	psychotic	,	neurocognitive					
neurological evaluation, neuropsychological testing, EEG, MRI Brain, LP Signature entragment, cubital tunnel syndrome, MS, anxiety/ panic attack Signature entragment, cubital tunnel syndrome, MS, anxiety/ panic attack Signature entragment, cubital tunnel electrolyte/B12 syndrome, MS, anxiety/ panic attack Signature entragment, cubital tunnel electrolyte/B12 syndrome, MS, anxiety/ panic attack Signature entragment, cubital tunnel electrolyte/B12 syndrome, MS, anxiety/ panic attack Signature entragment, cubital tunnel electrolyte/B12 syndrome, evaluation, selectrolyte/B12 s				•		tunnel		conversion					
syndicity paric attack Brain, LP Brain Lesting Level/TFT, LP, MRI Level/TFT, LP, MRI Lev			neurological evaluation,	entrapment,	syndrome	evaluation,	disorder						
evaluation, evaluation, evaluation, evaluation, evaluation, electrolyte/B12 el			testing, EEG, MRI	•	•	level/TFT, LP, MRI	•						
NCV/EMG, MRI brain Stroke St				Brain, LP	attack	electrolyte/B12	,	,					
3. Case 32-2019: Primary Dx: Primary Dx: Primary Dx: Stroke A 70-Year-Old Creutzfeldt— Paraneoplastic Stroke Stroke Stroke Woman with Progressive Ataxia³ Ix: MRI brain, CSF RT-QuIC test Hashimoto's encephalopathy, (SCA/MSA), (SCA/MSA), (SCA/MSA), stroke degeneration Brimary Dx: Primary Dx: N Y 8 15 Y Autoimmune cerebellitis DDx: Primary Dx: N Y 8 15 Y Autoimmune cerebellitis DDx: Primary Dx: N Y 8 15 Y Autoimmune cerebellitis DDx: Primary Dx: N Y 8 15 Y Autoimmune cerebellitis [5+4] Paraneoplastic/autoi mmune syndrome, mmune syndrome, neurodegenerati neurodegenerati neurodegenerati neurodegenerati ve disease disease cerebellar (SCA/MSA), (SCA/MSA), (SCA/MSA), stroke degeneration,						,	testing						
A 70-Year-Old Creutzfeldt— Paraneoplastic Stroke Stroke Autoimmune Woman with Jakob disease cerebellar cerebellar Rapidly degeneration Progressive Ataxia ³ Ix: MRI brain, CSF RT-QuIC DDx: MSA, Hashimoto's encephalopathy, (SCA/MSA), (SCA/MSA), (SCA/MSA), stroke degeneration CSF MSA, (SCA/MSA), stroke degeneration Woman with Jakob disease cerebellar Cerebellitis [5 + 3] [5 + 4 + (3x2)] DDx: DDx: DDx: DDx: Paraneoplastic/autoi neurodegenerati neurodegenerative Paraneoplastic disease Cerebellar Creutzfeldt— Autoimmune Cerebellitis [5 + 3] [5 + 4 + (3x2)] DDx: PDx: Paraneoplastic/autoi neurodegenerative Paraneoplastic disease Cerebellar						MRI brain							
Rapidly degeneration Progressive Ataxia ³ Ix: MRI brain, CSF RT-QuIC DDx: MSA, Hashimoto's ve disease ve disease disease Extra DDx: Brain DDx: Brain paraneoplastic/autoi neurodegenerati neurodegenerative paraneoplastic test Hashimoto's ve disease ve disease disease cerebellar encephalopathy, (SCA/MSA), (SCA/MSA), stroke degeneration, (3x2)] DDx: Progressive DDx: NBA, neurodegenerati neurodegenerative paraneoplastic disease cerebellar (3x2)]	3.			•	•		Primary Dx: Stroke	•	N	Y	8	15	Y
Ataxia ³ Ix: MRI brain, tumor, tumor, mmune syndrome, DDx: CSF RT-QuIC DDx: MSA, neurodegenerati neurodegenerati neurodegenerative Paraneoplastic test Hashimoto's ve disease ve disease disease cerebellar encephalopathy, (SCA/MSA), (SCA/MSA), (SCA/MSA), stroke degeneration,		Woman with Rapidly Progressive	Jakob disease				DD	cerebellitis			[5 + 3]		
Ix: MRI brain, tumor, tumor, mmune syndrome, DDx: CSF RT-QuIC DDx: MSA, neurodegenerati neurodegenerati neurodegenerative paraneoplastic test Hashimoto's ve disease ve disease disease cerebellar encephalopathy, (SCA/MSA), (SCA/MSA), (SCA/MSA), stroke degeneration,				_	DDx: Brain	DDx: Brain	Paraneoplastic/autoi						
encephalopathy, (SCA/MSA), (SCA/MSA), stroke degeneration,		· · · · · · · · · · · · · · · · · · ·	DDx: MSA,		*								
		test											
(meningitis/enc (meningitis/enc vitamin E				1 1	infections	infections	(SCATIOA), SHOKE	CJD, MSA,					

			Ix: Tumor screening, autoimmune panel, genetic testing, LP, consult neurologist/oncologist	ephalitis/absces s), autoimmune/pa raneoplastic syndrome, metabolic (electrolyte/ vitamin deficiency/thyr oid dysfunction), drugs/toxin	ephalitis/absces s), autoimmune/par aneoplastic syndrome, metabolic (electrolyte/ vitamin deficiency/thyro id dysfunction), drugs/toxin	Ix: MRI brain, autoimmune/inflam matory/paraneoplast ic markers, LP, whole body scan for malignancy, NCV/EMG	deficiency, toxic/metabolic (heavy metal) Ix: MRI brain, CSF analysis, EEG, further evaluate malignancy, genetic testing					
					Ix: MRI brain, autoimmune/inf lammatory/para neoplastic markers, vitamin level, LP, genetic testing, NCV/EMG							
4.	Case 35-2020: A 59-Year-Old Woman with	Primary Dx: Aceruloplasmin emia	Primary Dx: CJD	Primary Dx: Diabetic ketoacidosis	Primary Dx: Rapid progressive	Primary Dx: Rapid progressive dementia (caused by	Primary Dx: Rapid progressive dementia (caused	N	N	7 [5+2]	10 [5+3+2]	N
	Type 1 Diabetes Mellitus and Obtundation ⁴	Ix: Gene testing for	DDx: Autoimmune encephalitis, metabolic encephalopathy,	DDx: Hyperglycemic	dementia (caused by autoimmune encephalitis/	autoimmune encephalitis/ CJD/ neurodegenerative disorder)	by autoimmune encephalitis/ CJD/ neurodegenerative disorder)					
	ceruloplasmin gene	paraneoplastic syndrome, viral encephalitis	hypergyechne hyperosmolar syndrome, stroke, hypoglycemia, sepsis,	CJD/ neurodegenerati ve disorder)	DDx: Diabetic ketoacidosis, hyperglycemic	DDx: Encephalitis/meni						
			Ix: EEG, CSF study, genetic testing for CJD, MRI brain, neuronal autoantibody panel, neoplastic	encephalitis/me ningitis, electrolyte disturbance, toxic-metabolic	DDx: Diabetic ketoacidosis, hyperglycemic hyperosmolar syndrome,	hypergrycenic hyperosmolar syndrome, stroke, encephalitis/mening itis, paraneoplastic syndrome, toxic-	(infectious/autoim mune), paraneoplastic syndrome, stroke, toxic-metabolic					

			workup	encephalopathy	stroke, encephalitis/me ningitis, paraneoplastic syndrome, toxic-metabolic encephalopathy, NPH Ix: CBC/metabolic panel/glucose/E SR/CRP, CT/MRI brain, EEG, neuropsycholog ical testing, paraneoplastic antibody testing	metabolic encephalopathy, NPH Ix: CBC/metabolic panel/glucose/ESR/CRP, CT/MRI brain, EEG, neuropsychological testing, paraneoplastic antibody testing	encephalopathy, diabetic ketoacidosis, hyperglycemic hyperosmolar syndrome, NPH Ix: CBC/metabolic panel/glucose/ES R/CRP, CT/MRI brain, EEG, neuropsychologic al testing, paraneoplastic antibody testing					
5.	Case 10-2021: A 70-Year-Old Man with Depressed Mood, Unsteady Gait, and	Primary Dx: NPH Ix: LP with CSF drainage	Primary Dx: Parkinson's disease DDx: Vascular parkinsonism, NPH	Primary Dx: Major depressive episode of bipolar disorder	Primary Dx: Bipolar depression	Primary Dx: Bipolar depression DDx: Parkinsonism, NPH, stroke	Primary Dx: Parkinsonism (drug-induced) along with bipolar disorder	N	Y	15 [5 + 4 + (3x2)]	18 $[5 + 4 + (3x2) + 2 + 1]$	Y
Gai Uri	Urinary Incontinence ⁵	CS1 drainage	Ix: DaTSCAN scan, LP, genetic testing, neuropsychological testing, consult movement disorder specialist	DDx: Parkinson's disease, NPH, stroke, drug side effect, thyroid dysfunction, B12 deficiency	Parkinsonism, NPH, stroke Ix: MRI brain, Dopamine transporter imaging, LP, neuropsycholog ical testing	Ix: MRI brain, Dopamine transporter imaging, LP, neuropsychological testing	DDx: Parkinson's disease, NPH, vascular parkinsonism, Lewy bodies dementia, PSP, MSA, Alzheimer with parkinsonism					
							Ix: Medication adjustment,					

consult movement disorder specialist, LP, DaTSCAN

							Daiscan					
6.	Case 19-2021: A 54-Year-Old Man with Irritability, Confusion, and Odd Behaviors ⁶	Primary Dx: Delayed post- hypoxic leukoencephalo pathy.	Primary Dx: Alzheimer's disease DDx: Frontotemporal dementia, vascular dementia, Lewy body	Primary Dx: Neurodegenerat ive disease (Alzheimer's disease/ frontotemporal dementia)	Primary Dx: Neurological/ psychiatric disorder	Primary Dx: Neurocognitive disorder, possibly secondary to metastasis/ structural brain abnormality	Primary Dx: Metastatic brain lesion/ paraneoplastic syndrome	N	N	12 [5 + 4 + 3]	14 [5 + 4 + 3 + 2]	Y
		Ix: MRI brain	dementia Ix: MRI brain, TFT/vitamin level, genetic testing, LP	DDx: MCI, traumatic brain injury, hypoglycemia/h yponatremia, meningitis/ence phalitis, brain tumor, substance abuse, sleep apnea, psychiatric disorders, delirium	posterior reversible encephalopathy syndrome related to medications, traumatic brain injury, paraneoplastic syndrome, CNS infection, adjustment disorder, major depressive disorder, bipolar disorder, delirium, metabolic/electr olyte disturbance Ix: CBC/metabolic panel/TFT/B12 and folate level/ESR/CRP/ paraneoplastic	DDx: Drug side effect, metabolic/electrolyt e imbalance, CNS infection, posterior reversible encephalopathy syndrome related to cancer treatment, paraneoplastic limbic encephalitis Ix: MRI brain, EEG, metabolic panel, CSF analysis, paraneoplastic antibody	DDx: Delirium, drug side effect, neurodegenerative disease (Alzheimer's disease/ frontotemporal dementia), traumatic brain injury, psychiatric illness (depression/anxiet y/adjustment disorder) Ix: CT/MRI Brain, CBC/electrolyte/LFT/RFT/TFT, toxicology screening, neuropsychologic al testing, LP, EEG					

					antibody/ toxicology test/ blood culture, MRI brain, neuropsycholog ical testing LP, EEG, consult neurologist and psychiatrist							
7.	Case 20-2021: A 69-Year-Old	Primary Dx: (CANVAS) due	Primary Dx: SCA type 3	Primary Dx: Cerebellar	N/A, patient first presented	Primary Dx: Did not commit	Primary Dx: Cerebellar ataxia	Y	Y	8	20	Y
	Man with	to a bi-allelic expansion	type 5	degeneration (alcohol/vitami	to the author's		with sensory neuropathy			[5 + 3]	[(5x2) + 4 + 3 + 2]	
	ii I:	in RFC1	DDx: Episodic ataxia, MSA, MS	n deficiency/ paraneoplastic/ hereditary)	his/her chief complaint.	DDx: Cerebellar degeneration (alcohol	(Friedreich's ataxia, ataxia with vitamin E				+1]	
		Ix: Testing of RFC1	Ix: Genetic testing, NCV, neurophysiological	DDx: MSA, SCA, stroke, NPH, cerebellar tumor,		abuse/vitamin deficiency/paraneop lastic syndromes/ hereditary ataxia), SCA, cerebellar	deficiency, CANVAS, mitochondrial disorders)					
			assessment (EMG/SSEPs)	meningitis/ence phalitis		ataxia with sensory neuropathy, gluten ataxia, MSA	DDx: SCA, gluten ataxia, cerebellar degeneration, MSA					
						Ix: MRI brain, vitamin level/autoimmune	Ix: Expanded					
						marker/celiac disease serology, genetic testing, NCV/EMG, trial of gluten-free diet	genetic testing, vitamin level/autoimmune marker/celiac disease, trial of gluten-free diet, LP					
8.	Case 38-2021:	Primary Dx:	Primary Dx: Acute	Primary Dx:	Primary Dx:	Primary Dx: Acute	Primary Dx:	N	N	8	10	N
	A 76-Year-Old	Lead poisoning	intermittent porphyria	Depression	Depression	porphyria	Acute porphyria				[5 + 3 +	

	Woman with Abdominal Pain, Weight Loss, and Memory Impairment ⁸	from ingestion of Ayurvedic medicines Ix: Blood lead level	DDx: GI malignancy, porphyria, pancreatic disorder, autoimmunity (SLE) Ix: Genetic testing, porphyrin analysis,	DDx: Dementia, GI disorder, drug side effect, infections (UTI/pneumoni a), electrolyte disturbance	DDx: Malnutrition, electrolyte disturbance, thyroid dysfunction, GI disorder	DDx: Small bowel obstruction, depression/PTSD, malnutrition Ix: Genetic testing, electrolyte level,	DDx: Small bowel obstruction, depression/PTSD, malnutrition			[5+3]	2]	
	67-Year-Old dia Man with Motor Igl Neuron Disease		stool studies, MRI brain, cognitive assessment, psychiatric assessment, LFT, consult gastroenterologist		Ix: CBC/ metabolic panel/ TFT/vitamin and mineral level, psychiatric evaluation, CT/MRI abdomen	vitamin and mineral level, small bowel imaging	Ix: Genetic testing, electrolyte level, vitamin and mineral level, small bowel imaging					
9.	67-Year-Old Man with Motor	Primary diagnosis: Anti- IgLON5 disease	Primary Dx: REM sleep behavioral disorder due to MSA	Primary Dx: OSA	N/A, patient first presented to the author's hospital for	Primary Dx: MND	Primary Dx: MND	N	N	12 [5 + 4 + 3]	14 [5 + 4 + 3 + 2]	N
	and Odd Behaviors during Sleep ⁹	Investigations: Serum for anti- IgLON5	DDx: Parkinson's disease, Lewy body dementia,	DDx: Central sleep apnea, REM sleep behavior disorder,	his/her chief complaint.	DDx: Parkinson's disease, MSA, REM sleep behavior disorder, OSA	DDx: OSA, REM sleep behavior disorder, narcolepsy					
			Ix: PSG, MRI brain, DaTSCAN, LP, genetic testing, consult neurologist/ sleep specialist	narcolepsy, periodic limb movement disorder		Ix: PSG, MRI brain, DaTSCAN, autonomic function test	Ix: PSG, MRI brain, multiple sleep latency test, EEG					
10.	Case 5-2022: A 65-Year-Old Woman with	Primary Dx: Genetic CJD	Primary Dx: CJD	Primary Dx: Stroke	Primary Dx: SCA	Primary Dx: MND	Primary Dx: Genetic CJD	Y	Y	10	13 [(5x2) +	Y

Right Arm and Recurrent	Progressive Weakness in the Right Arm and	Ix: CSF test for RT-QuIC, PRNP	DDx: MSA, MND	DDx: Brain tumor, MS, cervical	DDx: MSA, cerebellar degeneration	DDx: Multi-focal motor neuropathy, cervical	DDx: MND, paraneoplastic syndrome, MS,			[(5x2)]	3]	
	Falls ¹⁰	genotyping	Ix: Genetic testing, CSF analysis, EMG/neuromuscular junction testing,	myelopathy, Parkinson's disease, peripheral neuropathy,	(paraneoplastic/ toxin/autoimmu ne), CJD	myelopathy, paraneoplastic syndrome, autoimmune encephalitis	hereditary spastic paraplegia, vitamin B12/Folate deficiency					
65			genetic counseling, neurological consultation	musculoskeletal issue	Ix: Genetic testing, MRI brain, EMG/NCV, LP, vitamin level/TFT/autoi mmune marker/paraneo plastic marker	Ix: MRI spine, LP, MND/autoimmune antibody level, muscle biopsy, EMG/NCV	Ix: Genetic testing for CJD, refer prion specialist					
11.	Case 7-2022: A 65-Year-Old	Primary Dx: CNS lymphoma	Primary Dx: CJD	Primary Dx: Depression	Primary Dx: Functional	Primary Dx: Functional	Primary Dx: Functional	N	N	9	12	Y
65-Ye Woma Depre Recur and In Care f	Woman with Depression,		DDx: Functional	•	neurological disorder	neurological disorder	neurologic disorder			[5 + 4]	[5 + 4 + 3]	
	Recurrent Falls, and Inability to Care for Herself ¹¹	Ix: MRI brain; targeted tissue biopsy	neurologic disorder, vascular dementia, depression with psychotic features Ix: CSF analysis, EEG, genetic testing,	DDx: Neurodegenerat ive disorder (Parkinson's disease/ Alzheimer's disease), NPH, TIA, B12 deficiency,	DDx: Depression, neurodegenerati ve disorder (Parkinson's disease/ Alzheimer's	DDx: Depression, neurodegenerative disorder (Parkinson's disease/ Alzheimer's disease), NPH, MS,	DDx: Depression, progressive neurological disease (MS), neurodegenerative disorder (Parkinson's					
			MRI brain	hypothyroidism	disease), NPH, MS, vascular dementia Ix: Neuropsycholog	Ix: Neuropsychological testing, LP, vitamin level/TFT/inflamma	disease, dementia), stroke, metabolic/toxic causes, CNS infection (meningitis/encep halitis), non-					

					vitamin level/TFT/infla mmatory marker, MRI spine	brain, EEG	epilepticus, autoimmune/para neoplastic encephalitis					
							Ix: MRI brain, LP, EEG, neuropsychologic al testing, autoimmune/para neoplastic encephalitis markers, consult psychiatrist					
12.	Case 27-2022: A 32-Year-Old	Primary Dx: Neuro-Behçet's	Primary Dx: Meningoencephalitis	Primary Dx: Meningitis	N/A, patient first presented	Primary Dx: Neuro- Behçet's disease	Primary Dx: Neuro-Behçet's	Y	Y	6	17	Y
M C H	Man with Confusion,	disease		-	to the author's hospital for		disease			[3+2+1]	[(5x2) + 4 + 3]	
	Headache, and Fever ¹²	Ix: MRI brain	DDx: Viral meningitis, autoimmune/inflamm atory disorder of CNS, bacterial meningitis, TB meningitis, fungal meningitis	DDx: Encephalitis, brain abscess, subdural/epidur al hematoma, cerebral venous sinus thrombosis, autoimmune/pa raneoplastic encephalitis,	his/her chief complaint.	DDx: Infective meningitis, encephalitis, brain abscess, cerebral venous sinus thrombosis, autoimmune/parane oplastic encephalitis, Lyme disease, sepsis	DDx: Viral meningitis/enceph alitis, bacterial/fungal meningitis, cerebral venous sinus thrombosis, brain abscess					
			Ix: LP, MRI brain and spinal cord, EEG, infectious disease serology and cultures, consult neurology/infectious disease/rheumatologis t	Lyme disease, sepsis, toxic- metabolic causes		Ix: CBC/blood culture/CRP, LP, MRI/CT brain, Lyme disease/viral serology, autoimmune/parane	Ix: CSF analysis, MRI brain, autoimmune/para neoplastic antibodies, consult rheumatologist/ne					

ical testing, LP, tory marker, MRI

convulsive status

oplastic antibodies	urologist	

13.	Case 34-2022: A 57-Year-Old	Primary Dx: Cotard's	Primary Dx: Cotard's syndrome	Primary Dx: Cotard's	N/A, patient first presented	Primary Dx: Cotard's syndrome	Primary Dx: Cotard's	Y	Y	10	12	Y
	Woman with Covid-19 and	syndrome, catatonia, and	·	syndrome	to the author's hospital for	with catatonia	syndrome with catatonia			[(5x2)]	[(5x2) + 2]	
	Delusions ¹³	depression after COVID	DDx: Depression, psychotic disorder due to general medical	DDx: Psychotic depression,	his/her chief complaint.	DDx: Psychotic depression,	DDx: Psychotic					
		Ix: MRI brain, EEG, LP	condition, delusional disorder	delirium, schizophrenia, neurological disorder		delirium, drug side effect	depression, delirium, drug side effect					
Infectious diseases		Ix: Neurological evaluation, MRI brain, CBC/metabolic panel/TFT/infectious disease screening, psychiatric evaluation, consult psychiatrist/neurologi st/internist	(dementia/brain tumor/encephali tis)		Ix: CBC/metabolic panel/TFT/blood culture, CXR, CT/MRI brain, EEG, LP, toxicology screen, psychiatric evaluation	Ix: CBC/metabolic panel/TFT/blood culture, CXR, CT/MRI brain, EEG, LP, toxicology screen, psychiatric evaluation						
Infe	ectious diseases											
1.	Case 14-2018: A 68-Year-Old	Primary Dx: Indian tick	Primary Dx: Lyme disease	Primary Dx: Sjogren's	N/A, patient first presented	Primary Dx: Indian tick typhus/ scrub	Primary Dx: Indian tick	Y	Y	5	16	Y
	Woman with a Rash,	typhus caused by Rickettsia conorii		syndrome	to the author's hospital for his/her chief	typhus	typhus/ scrub typhus			[5]	[(5x2) + 4 + 2]	
	Hyponatremia, and Uveitis ¹⁴	subspecies indica	DDx: Viral exanthema, drug eruption, SLE, RA	DDx: SLE, RA, GPA, sarcoidosis	complaint.	DDx: Dengue fever, Chikungunya, Lyme disease, leptospirosis, SLE,	DDx: Lyme disease, dengue fever,					
		Ix: punch skin biopsy, antibodies to	Ix: Lyme serology, LP, PCR, ophthalmologic			Sjogren's syndrome	leptospirosis, Chikungunya, SLE, Sjogren's					

		rickettsiae of the spotted fever group with an indirect immunofluores cence assay, blood for 23S ribosomal RNA	evaluation			Ix: CBC, metabolic panel, CRP/ESR, Rickettsia serology, serology for other infections, autoimmune marker	Ix: CBC, metabolic panel, CRP/ESR, Rickettsia serology, serology for other infections, autoimmune marker					
2.	Case 16-2018: A 45-Year-Old Man with Fever, Thrombocytope	Primary diagnosis: tick- borne disease (Anaplasmosis)	Primary Dx: Dengue fever	Primary Dx: viral infection (Dengue/Zika/C hikungunya)	Primary Dx: Lyme disease	Primary Dx: Lyme disease	Primary Dx: Anaplasmosis/Ehr lichiosis	Y	Y	9 [5 + 4]	19 [(5x2) + 4 + 3 +	Y
	nia, and Elevated Aminotransferas e Levels ¹⁵	Ix: Peripheral blood smear	DDx: viral infection (Zika/ Chikungunya), drug reaction, autoimmune disorder Ix: Dengue serology, viral serology, skin biopsy, CBC/LFT	DDx: Cellulitis/Lyme disease, drug reaction, autoimmune disease (SLE/RA), tick- borne diseases/spider bite, miliaria	DDx: Ehrlichiosis/An aplasmosis, Babesiosis, viral infection (Dengue/Zika/C hikungunya) Ix: serology or PCR for Lyme disease/ Ehrlichiosis/An aplasmosis/Bab esiosis/viruses	DDx: Ehrlichiosis/Anapla smosis, Babesiosis, Rocky Mountain spotted fever Ix: serology or PCR for Lyme disease/ Ehrlichiosis/Anapla smosis/Babesiosis/R ocky Mountain spotted fever	DDx: Lyme disease, Rocky Mountain spotted fever, Babesiosis, viral infection (EBV/CMV), leptospirosis Ix: serology testing/PCR, blood smear examination for above DDx				2]	
3. Case 30-2018: A 66-Year-Old Woman with Chronic	Primary Dx: Colonic mass due to infection with an	Primary Dx: CA Colon	Primary Dx: CA colon	Primary Dx: Peptic ulcer	Primary Dx: temporomandibular joint disorder	Primary Dx: CA colon	N	Y	15 [5 + 4 + (3x2)]	15 [5 + 4 + (3x2)]	N	
	Abdominal Pain ¹⁶	intravascular nematode, most likely	DDx: IBD, infective colitis	DDx: Appendicitis,	DDx: GERD, gastritis,	DDx: Peptic ulcer,	DDx: IBD, infectious colitis,					

		Angiostrongylu s costaricensis Ix: Laparoscopic right colectomy with pathological examination	(TB/amebiasis), ischemic colitis Ix: Colonoscopy, staging workup for cancer, CBC/LFT/RFT, genetic testing, consult oncologist	diverticulitis, cholecystitis, kidney stone, ovarian cyst/torsion, IBD, IBS, UTI	pancreatitis, biliary disease, GI malignancy, IBD, diverticulitis, infectious gastroenteritis Ix: CBC/ metabolic panel/ LFT, H. pylori testing, USG abdomen, OGD/CLN, CT abdomen/pelvis	GERD, gastritis, pancreatitis, biliary disease, GI malignancy Ix: CBC/ metabolic panel/ LFT, H pylori testing, USG abdomen, OGD/CLN, CT abdomen/pelvis, temporomandibular joint imaging	Ix: MRI/PET-CT imaging, CLN with biopsy, CBC/LFT/CRP/E SR, consult gastroenterologist, surgical oncologist					
4.	Case 34-2018: A 58-Year-Old Woman with Paresthesia and	Primary Dx: Lyme radiculopathy.	Primary Dx: Transverse myelitis	Primary Dx: Peripheral neuropathy	Primary Dx: Lyme disease	Primary Dx: CIDP DDx: Lyme disease,	Primary Dx: Lyme disease	Y	Y	0	17 [(5x2) + 4 + 3]	Y
	Weakness of the Left Foot and Abdominal Wall ¹⁷	Ix: serum for Lyme borreliosis IgM and IgG	DDx: Spinal cord compression, MS, GBS, neuromyelitis optica	DDx: Cervical/lumbar radiculopathy, MS, GBS, stroke/TIA,	DDx: MS, spinal cord compression, GBS, transverse myelitis, B12 deficiency	MS, spinal cord compression, GBS, transverse myelitis, B12 deficiency	DDx: CIDP, DM neuropathy, MS, B12 deficiency, GBS, transverse myelitis, cord compression					
			Ix: LP, serology for demyelinating disease, NCV/EMG, autoimmune panel	myasthenia gravis, vasculitis affecting peripheral nerves	Ix: Serology for Lyme disease, MRI brain/spinal cord, LP, CBC/ESR/CRP/ B12 level/TFT, NCV/EMG	Ix: Serology for Lyme disease, MRI brain/spinal cord, LP, CBC/ESR/CRP/B12 level/TFT, NCV/EMG	Ix: Serology for Lyme disease, MRI brain, LP, CBC/ESR/CRP/B 12 level/TFT, NCV/EMG					
5.	Case 2-2019: A 36-Year-Old	Primary Dx:	Primary Dx: Disseminated TB	Primary Dx: Infectious	Primary Dx: Cutaneous	Primary Dx: Recurrent bacterial	Primary Dx:	N	Y	19	19	Y

	Man with Rash, Abdominal Pain, and	Cutaneous TB	infection	mononucleosis	leishmaniasis	folliculitis	Brucellosis			[(5x2) + 4 + 3 + 2]	[5 + (4x2) + 3 + 2 + 1]	
	Lymphadenopat hy ¹⁸	Ix: Enzyme- linked immunospot IGRA, axillary lymph node biopsy	DDx: Disseminated fungal infection (histoplasmosis/ coccidiodomycosis), sarcoidosis, malignancy,	DDx: Lymphoma, SLE,HIV,DRE SS	DDx: Lymphoma, TB, fungal infection Ix: Skin biopsy,	DDx: Cutaneous leishmaniasis, lymphoma, tuberculosis	DDx: TB, fungal infection, malignancy (lymphoma/ liver metastasis), sarcoidosis,					
		specimen for acid fast bacilli culture, urine and sputum were saved for acid fast bacilli	disseminated bacterial infections Ix: Mycobacterial culture, AFB staining, IGRA,CXR/CT-		serology for leishmaniasis, LN biopsy	Ix: Abdominal USG/CT, LN biopsy, blood culture, CBC	autoimmune/infla mmatory disorders					
		culture	thorax, liver biopsy				Ix: Serology test for brucellosis, TB test, fungal culture/serology, liver/LN biopsy					
6.	Case 3-2019: A 70-Year-Old	Primary Dx: Powassan virus	Primary Dx: Tick- borne encephalitis	Primary Dx: Meningitis	Primary Dx: Lyme disease	Primary Dx: Autoimmune/	Primary Dx: Arboviral	Y	Y	15	20	Y
	Woman with Fever, Headache, and	meningoenceph alitis	(flavivirus)	Ç	•	paraneoplastic encephalitis	encephalitis			[(5x2) + 3 + 2]	[(5x2) + 4 + 3 + 2 + 1]	
	Progressive Encephalopathy	Ix: CSF test for Powassan virus IgM antibodies	DDx: HSV encephalitis, bacterial encephalitis, viral meningitis, neurosyphilis Ix: Repeat CSF analysis, serology for Lyme disease/ tick- borne encephalitis, MRI brain, EEG monitoring, consult microbiologist/neurol	DDx: Encephalitis, SAH, brain abscess, cerebral venous thrombosis, migraine, autoimmune/pa raneoplastic encephalopathy, systemic infection with CNS involvement	DDx: Meningitis, encephalitis, brain abscess, cerebral venous sinus thrombosis, autoimmune/par aneoplastic encephalitis, toxic/metabolic encephalopathy, systemic infection	DDx: infectious encephalitis, Lyme disease, meningitis, toxic/metabolic encephalopathy, cerebral vasculitis, CNS lymphoma, CJD Ix: LP, CBC/electrolyte/ES R and CRP, serology for Lyme disease, MRI brain,	DDx: Tick-borne disease (Lyme disease/Anaplasm osis/Babesiosis), bacterial meningitis, autoimmune/para neoplastic encephalitis, fungal/cryptococc al meningitis, TB meningitis					

					Ix: LP, CBC/electrolyte /ESR and CRP, serology for Lyme disease, MRI brain	imaging, EEG, brain biopsy	serology, Lyme serology, CSF culture/Gram stain, CSF fungal culture/cryptococ cal antigen testing, CSF testing for TB, autoimmune/para neoplastic workup					
7.	Case 8-2019: A 58-Year-Old Woman with Vision Loss, Headaches, and Oral Ulcers ²⁰	Primary Dx: Syphilis Ix: Skin biopsy specimen examined for Treponema pallidum, blood for treponemal antibodies	Primary Dx: Behçet's disease DDx: Infective retinitis, CNS vasculitis, sarcoidosis, SLE Ix: CBC/ESR/CRP, ANA/ANCA/RF, skin biopsy, serology/PCR analysis of infectious disease	Primary Dx: GCA DDx: Optic neuritis, central retinal artery/vein obstruction, cerebral vasculitis, infections (syphilis/ Lyme disease/ HSV)	Primary Dx: Behçet's disease DDx: SLE, sarcoidosis, Vogt-Koyanagi- Harada syndrome Ix: ESR/CRP/ANA /anti- dsDNA/other autoantibodies/ CBC, HLA- B51, CXR/CT- thorax, ophthalmologic examination	Primary Dx: Atypical Behçet's disease DDx: SLE/Sjogren's syndrome, vasculitis (GPA/ microscopic polyangiitis), IBD, sarcoidosis, infectious etiology (Lyme disease/ syphilis/TB/viral infections) Ix: ophthalmology exam, ESR/CRP/C3 and C4/autoimmunity panel, serology for Lyme disease/syphilis/TB/ virus, CXR/HRCT, skin biopsy,	Primary Dx: Ocular/CNS infection (Lyme disease/syphilis/vi ral/bacterial/funga l) DDx: Atypical Behçet's disease, SLE, sarcoidosis, CNS vasculitis, other autoimmune/infla mmatory condition Ix: CSF analysis, serology for Lyme disease/syphilis, autoantibody testing, ACE level, skin biopsy, consult microbiologist/rhe	Y	Y	10 [5+3+2]	17 [(5x2) + 4 + 2 + 1]	Y

whole-body

ogist

Ix: Arboviral

						Pathergy test, MRI brain	umatologist					
8.	Case 15-2019: A 55-Year-Old	Primary Dx: Acute HBV	Primary Dx: acute HCV infection	Primary Dx: HCV	Primary Dx: HCV	Primary Dx: Acute HCV exacerbation	Primary Dx: Acute HCV	N	Y	14	13	Y
	Man with Jaundice ²¹	infection in the presence of	DDx: Drug-induced,	exacerbation	exacerbation	TIC V exacerbation	infection			[5+4+(2x2)+1]	[5 + 4 + (2x2)]	
		chronic HCV infection	alcoholic hepatitis, co-infection of HBV, acute HAV infection	DDx: Alcoholic liver disease,	DDx: Drug- induced liver injury, alcoholic	DDx: Drug-induced liver injury, alcoholic liver disease, cholestatic	DDx: Drug- induced liver					
		Ix: HBsAg, HBeAg, anti- HBs, anti-HBc, HBV DNA	Ix: HCV RNA, liver biopsy, serology for hepatitis virus (Anti- HIV, HBsAg, Anti- HBc, Anti-HBs),	drug-induced liver injury, HBV infection, autoimmune hepatitis, biliary obstruction	liver disease, acute HBV infection, biliary obstruction	liver disease, autoimmune hepatitis	injury, alcoholic liver disease, HBV co- infection, autoimmune hepatitis,					
			abdominal USG/CT		Ix: LFT, HCV viral load/genotype, HBV serology,	Ix: HAV/HBV/HEV serology, liver biopsy, autoantibodies and	cholestatic liver disease, NASH					
					abdominal USG, autoantibodies/I g levels	Ig level, abdominal USG/CT	Ix: serology for HAV/HBV, LFT, autoimmune markers, abdominal CT/MRI, liver biopsy					
9.	Case 16-2019: A 53-Year-Old	Primary Dx: Tropical	Primary Dx: Paragonimiasis	Primary Dx: Chronic	N/A, patient first presented	Primary Dx: Acute bronchitis/pneumoni	Primary Dx: Stronygloidiasis	N	N	9	11	N
	Man with Cough and	pulmonary eosinophilia	· ·	bronchitis	to the author's hospital for	a				[4+3+2]	[5 + 4 + 2]	
	Eosinophilia ²²	(lymphatic filariasis)	DDx: Hypersensitivity pneumonitis, TB, Stronygloidiasis	DDx: Postnasal drip, GERD, asthma, COPD,	his/her chief complaint.	DDx: Viral URTI, chronic bronchitis exacerbation, TB,	DDx: Asthma/ABPA, SLE, TB, pneumonia,					
		Ix: Examination of the stool and sputum for ova	za znj gordano	bronchiectasis, pertussis, lung cancer, TB,		sinusitis, post- infectious cough,	hypersensitivity pneumonitis, bronchitis,					

	and parasites, peripheral- blood smear for microfilariae, serum for antibodies to schistosoma, strongyloides, and filarial species	Ix: Serology for paragonimus, sputum examination, CT- thorax, eosinophil count and peripheral blood smear, consult pulmonologist/microb iologist	heart failure, pneumonia, ILD		Ix: CBC, CXR, sputum culture, tuberculin skin test/IGRA, lung function, NPS for virus	Ix: Stool for strongyloides larvae, sputum AFB exam, HRCT, lung function, bronchoscopy with BAL/biopsy					
10. Case 19-2019: A 38-Year-Old Woman with Abdominal Pain and Fever ²³	Primary Dx: Intestinal TB Ix: Acid-fast stains of the right hemicolectomy specimen and lymph nodes	Primary Dx: Severe active Crohn's disease DDx: Infective colitis (bacterial/parasitic), CMV colitis, ischemic colitis, intestinal TB Ix: CLN with biopsy, stool culture and ova & cyst, capsule endoscopy/double balloon enteroscopy, genetic testing for IBD	Primary Dx: Crohn's disease flare up DDx: Infection (bacterial/viral gastroenteritis), intra-abdominal abscess, bowel obstruction, gut perforation, diverticulitis	Primary Dx: Crohn's disease flare up DDx: Small bowel obstruction, C. difficile infection, intra- abdominal abscess, gut perforation Ix: CBC/CRP/ESR/ LFT/RFT, stool for blood/C. difficile, CT/MRI abdomen & pelvis, CLN, capsule endoscopy	Primary Dx: Crohn's disease flare up DDx: Infections (<i>C. difficile/ H pylori</i>), small bowel obstruction, intra- abdominal abscess, perforation Ix: CBC/CRP/ESR/LF T/RFT, stool for blood/ <i>C. difficile</i> , CT/MRI abdomen & pelvis, CLN, capsule endoscopy	Primary Dx: Crohn's disease severe exacerbation/ complication (bowel obstruction/ ileocolic fistula) DDx: Intra- abdominal abscess, bacterial infection, GI TB Ix: CT/MRI enterography, surgical exploration, mycobacterial culture from tissue samples	N	Y	11 [5 + 4 + (1x2)]	12 [5 + 3 + (2x2)]	Y

11.	Case 20-2019: A 52-Year-Old Woman with Fever and Rash	Primary Dx: Reactivation of latent Trypanosoma	Primary Dx: Disseminated shingles	Primary Dx: Cellulitis	Primary Dx: Cellulitis	Primary Dx: Cellulitis	Primary Dx: Infection (bacterial/viral/fungal)	N	N	0	11 [5 + 4 + 2]	N
	after Heart Transplantation ²	cruzi infection of recipient origin	DDx: Erysipelas, cellulitis	DDx: Erysipelas, shingles, DVT, calciphylaxis	DDx: Erysipelas, shingles, DVT, calciphylaxis	DDx: Erysipelas, drug eruption/hypersensit ivity, vasculitis, erythema nodosum	DDx: Vasculitis, autoimmune reaction, drug					
		Ix: Serologic studies were performed for	Ix: Viral culture/PCR for VZV, CBC, blood culture, LP, tissue biopsy, consult		Ix: Blood	Ix: CBC, blood	reaction					
		the detection of antibodies to T. cruzi	dermatologist/microbi ologist		culture, CBC/CRP, Doppler USG, skin biopsy	culture, skin biopsy and culture, USG/MRI to affected area, serology for vasculitis	Ix: ESR/CRP, serology for infection/autoimm une markers, skin biopsy, LP					
12.	Case 31-2019:	Primary Dx:	Primary Dx: Acute	Primary Dx:	Primary Dx:	Primary Dx:	Primary Dx:	Y	Y	10	16	Y
	A 45-Year-Old Woman with Headache and Somnolence ²⁵	Adenovirus meningoenceph alitis.	disseminated encephalomyelitis with encephalitis and meningoencephalitis	MS DDx: Infections	Migraine with aura	Autoimmune/parane oplastic encephalitis	Meningitis/encep halitis			[(4x2) + 2]	[(5x2) + 4 + 2]	
				(UTI/pneumoni	DDx: MS,	DDx: CNS	DDx:					
		Ix: CSF, urine and blood for	DDx: CNS infection	a), drug side effect,	infections, drug side effect,	infection, MS, immunosuppressive	Autoimmune/para neoplastic					
		adenovirus PCR; viral	(viral/bacterial), MS exacerbation,	depression, migraine,	stroke/TIA, intra-cranial	therapy complication, drug	encephalitis, MS complication,					
		culture of CSF for adenovirus	autoimmune encephalopathy, other inflammatory demyelinating	metabolic/electr olyte abnormalities	mass, temporal arteritis	side effect, stroke/TIA	CNS vasculitis, neoplastic meningitis					
			disorder		Ix: CT/MRI brain, CBC/electrolyte	Ix: CSF analysis, autoantibody testing, EEG, repeat	Ix: CSF analysis, serology for tick-					
			Ix: LP, autoimmune/paraneop lastic panel, blood		level, liver and kidney function/ESR/C	neuroimaging, blood culture	borne disease (Lyme disease/Anaplasm					

			culture, serology for viral infections, MR spectroscopy/ PET scan, consult neurologist/ neuro- immunologist		RP, LP		osis), consult microbiologist, possibly repeating LP if not improve					
13.	Case 36-2019: A 34-Year-Old	Primary Dx: GI Kaposi's	Primary Dx: PJP infection	Primary Dx: Asthma	Primary Dx: TB	Primary Dx: PJP	Primary Dx: PJP infection	N	Y	1 [1]	6 [3 + 2 +	Y
	Man with Dyspnea, Odynophagia, and Abdominal Pain ²⁶	Ix: upper endoscopy with biopsy	DDx: HIV/AIDS, syphilis, bacterial pneumonia, GI infections (CMV/MAC infection), TB Ix: BAL, AFB culture, HIV viral load and CD4+ count, serology for syphilis, stool culture/ova and cyst/ C. difficile toxin, USG/CT abdomen	DDx: Pneumonia, bronchitis, COPD exacerbation, PE	DDx: Pneumonia, fungal infection, HIV/AIDS, lung cancer Ix: CXR, sputum culture, TST/IGRA, HIV testing, CBC, blood culture, CT- thorax	DDx: TB, bacterial pneumonia, fungal infection (e.g. candidiasis/ aspergillosis) Ix: Bronchoscopy with BAL, CD4 count and HIV viral load, sputum culture/smear, TST/IGRA, blood culture	DDx: Bacterial pneumonia, TB, fungal infection, CMV pneumonia, Kaposi's sarcoma Ix: BAL, sputum culture, CT-thorax, abdominal imaging, LFT/amylase/lipa se, dermatological examination and skin biopsy, HIV viral load and CD4+ count				1]	
14.	Case 40-2019: A 26-Year-Old Returning Traveler with Headache ²⁷	Primary Dx: Lymphocytic choriomeningiti s virus infection	Primary Dx: Viral meningitis	Primary Dx: Migraine	N/A, patient first presented to the author's hospital for his/her chief	Primary Dx: Subarachnoid hemorrhage	Primary Dx: Meningitis (viral/ atypical bacterial)	Y	Y	12 $[(5x2) + 2]$	10 [(5x2)]	Y
	reautite	Ix: Serum and CSF for LCMV-specific immunoglobuli ns by means of	DDx: TB meningitis, Lyme meningitis, autoimmune/inflamm atory meningitis (SLE/GPA), other infectious disease	DDx: Tension headache, cluster headache, sinus headache, medication overuse,	complaint.	DDx: Meningitis, medication overuse, sinusitis, atypical migraine	DDx: SAH, medication overuse headache, atypical migraine					

	linked immunosorbent assay (ELISA) for IgM and IgG	Ix: PCR for virus, cryptococcal antigen test, TB testing, Lyme disease testing, autoimmune panel, consult microbiologist	headache (brain tumor/meningiti s/SAH)		Ix: CT/MRI brain, LP, CBC/blood culture	Ix: PCR of CSF for viruses (enterovirus/West Nile virus/ arbovirus), serology for Rickettsia/Barton ella/Brucella, CSF culture					
15. Case 2-2020: A 64-Year-Old	Primary Dx: Disseminated	Primary Dx: GPA	Primary Dx: Acute kidney	Primary Dx: Pneumonia	Primary Dx: Acute kidney injury +	Primary Dx: ANCA vasculitis	Y	Y	10	14	Y
Man with Fever and Respiratory	coccidiodomyc osis and		injury	1	pneumonia	TH VOIT VASCALIUS			[(5x2)]	[(5x2) + 4]	
Failure ²⁸	ANCA- associated GN Ix: Bronchoscopy and bronchoalveolar fluid specimen examination	DDx: Microscopic polyangiitis, infection causes (atypical pneumonia/sepsis), vasculitis (eosinophilic granulomatosis with polyangiitis) Ix: Renal biopsy, autoantibodies for vasculitis, CT thorax/abdomen/pelvi s, blood culture/viral studies (such as CMV), echocardiography	DDx: Dehydration/hy povolemia, cardiogenic shock, sepsis, renal artery occlusion, Acute tubular necrosis/GN/int erstitial nephritis/pyelon ephritis/renal infarction, rhabdomyolysis , kidney stone, benign prostate hypertrophy, tumor, blood clot	DDx: PE, acute bronchitis, pleurisy, tuberculosis, fungal infection (histoplasmosis/ coccidiodomyco sis), atypical infections (mycoplasma/ chlamydia pneumoniae), endocarditis Ix: CBC/ESR/CRP/ blood culture/procalcit onin/LFT/RFT, CXR, sputum	DDx for acute kidney injury: Acute tubular necrosis/ acute interstitial nephritis/cardiorenal syndrome, postrenal obstruction, GN DDx for pulmonary findings: Pneumonia, PE, atypical infections (mycoplasma/ Chlamydia pneumoniae), fungal (histoplasmosis/coc cidiodomycosis), TB, sarcoidosis,	DDx: Infectious etiology (CMV/bacteria/vi ral pneumonia/ fungal such as PCP/aspergillosis/ cryptococcus/can dida/endemic fungi/ TB), heart failure, druginduced lung injury Ix: Bronchoscopy with BAL, renal biopsy, echocardiogram, blood and urine culture					
				culture, CT thorax, urinary test for S	lymphoma, bronchogenic carcinoma						

secondary

an enzyme-

					gionella, serology for atypical infection/fungal infections, TTE	CBC/ESR/CRP/blo od culture/procalcitoni n/LFT/RFT, CXR, sputum culture, CT thorax, urinary test for S pneumoniae/Legion ella, serology for atypical infection/fungal infections, TTE, bronchoscopy/BAL, kidney biopsy						
16.	Case 3-2020: A 44-Year-Old Man with Weight Loss,	Primary Dx: Stronygloidiasis with hyperinfection	Primary Dx: Crohn's disease	Primary Dx: IBD	Primary Dx: Did not commit	Primary Dx: Did not commit	Primary Dx: Whipple's disease	N	Y	7 [5 + 2]	13 [5 + 4 + 3 + 1]	Y
	Diarrhea, and Abdominal Pain ²⁹	syndrome.	DDx: Infectious gastroenteritis, TB, lymphoma, IBS	DDx: IBS, celiac disease, gastroenteritis,	DDx: Infectious gastroenteritis, IBD, celiac	DDx: Infectious gastroenteritis, IBD, celiac disease,	DDx: IBD, GI lymphoma, TB infection, celiac					
		Ix: Upper endoscopy and CLN with biopsy	Ix: CLN, capsule endoscopy/MRI	colorectal cancer, malabsorption syndrome,	disease, tropical sprue, GI malignancy, pancreatic	tropical sprue, GI malignancy, Whipple's disease	disease, intestinal parasitic infection					
			enterography/follow- through, anti- saccharomyces cerevisiae antibodies/CRP	parasitic infection, diverticulitis	insufficiency Ix: CBC/LFT/RFT/ ESR/CRP/vitam in/electrolyte, stool test, serology for celiac disease/tropical sprue/autoimmu nity, abdominal	Ix: CBC/LFT/RFT/ESR /CRP/vitamin/electr olyte, stool test, serology for celiac disease/tropical sprue/autoimmunity, abdominal USG/CT/MRI, endoscopy, capsule	Ix: Upper endoscopy, PCR for Whipple's disease, stool microscopy/cultur e, CLN, IGRA					
					USG/CT/MRI,	endoscopy						

pneumoniae/Le Ix:

endoscopy

17. Case 10-2020: An 83-Year-Old Man with Pancytopenia and Acute Renal Failure ³⁰	Primary Dx: Anaplasma phagocytophilu m infection Ix: a nucleic acid test of whole blood for A. phagocytophilu m	Primary Dx: Acute promyelocytic leukemia DDx: DIC , HUS, aplastic anemia/MDS Ix: Bone marrow exam, cytogenetic analysis/molecular testing for APL, coagulation studies, RFT. CT	DDx: Acute leukemia, aplastic anemia, infections, myeloma, paroxysmal nocturnal hemoglobinuria , autoimmune such as SLE, drug-induced	Primary Dx: Did not commit DDx: Infection (such as Lyme disease), MDS, drug-induced, acute leukemia, aplastic anemia, myeloma Ix: CBC/blood culture/RFT/blo od smear, bone	Primary Dx: Rhabdomyolysis DDx: Infection, DIC, drug-induced, hematological malignancy Ix: CK, urinalysis, blood culture, serology for infections, peripheral blood smear, coagulation profile, bone marrow exam	Primary Dx: Autoimmunity (such as microscopic polyangiitis/SLE) DDx: Infections (sepsis/endocardit is/tick-borne illness), acute promyelocytic leukemia, drug- induced, paraneoplastic Ix: Bone marrow	N	Y	8 [5+2+1]	11 [(4x2) + 3]	Y
		coagulation studies, RFT, CT thorax/abdomen/pelvi s			-	Ix: Bone marrow exam, autoimmune/vasc ulitis workup, infectious workup (culture, serology for tick-borne illness, echocardiogram), imaging for thorax/abdomen/p elvis					
18. Case 11-2020: A 37-Year-Old	Primary Dx: AA amyloidosis	Primary Dx: Fungal brain abscess	Primary Dx: Stroke	N/A, patient first presented	Primary Dx: Did not commit	Primary Dx: Cerebral fungal	Y	Y	10	11	Y
Man with Facial Droop, Dysarthria, and	and fungal brain abscess related to	(aspergillus/candidas/ zygomycetes)		to the author's hospital for his/her chief		abscess			[(5x2)]	[(5x2) + 1]	
Kidney Failure ³¹	injection-drug use	DDx: Bacterial brain abscess, TB	DDx: Bell's palsy, GBS, lupus, vasculitis	complaint.	DDx: IE, stroke, meningitis/encephal itis, GBS, vasculitis	DDx: Bacterial cerebral abscess, brain tumor, IE with embolic					
	Ix: Renal biopsy,	Ix: Fungal culture,			Ix: blood culture, echocardiogram,	stroke, vasculitis					

		stereotactic brain biopsy	serology for fungus, MRI brain with contrast, CT-thorax, echocardiography for IE/ fungal emboli			CT/MRI brain, LP, urinalysis, RFT, serology for autoimmunity	Ix: Fungal culture, serology for fungus infection, CT/MRI brain, assess immune status					
19.	Case 12-2020: A 24-Year-Old Man with Fever, Cough, and	Primary Dx: Hantavirus cardiopulmonar y syndrome	Primary Dx: SARS by a novel coronavirus	Primary Dx: COVID	Primary Dx: Hantavirus pulmonary syndrome	Primary Dx: Severe atypical respiratory infection	Primary Dx: Hantavirus pulmonary syndrome	Y	Y	0	15 [(5x2) + 4 + 1]	Y
	Dyspnea ³²	Ix: An enzyme- linked immunosorbent assay for Sin Nombre virus IgM and IgG	DDx: Viral pneumonia, tick-borne illness (Lyme disease/Babesiosis), Legionnaires' disease Ix: Serology for COVID, blood culture, complete tick- borne disease panel, PCR for viral pathogens, CT-thorax, consult microbiology	DDx: Flu pneumonia, TB, bronchitis, asthma	DDx: Pneumonia, tick-borne illness, Legionnaires' disease, vaping- associated lung injury Ix: CT-thorax, blood culture, serology for tick borne illness, Hantavirus serology, CBC/ESR/CRP ABG, BAL,	DDx: Severe pneumonia (Legionella/Mycopl asma/ Chlamydia), fungal pneumonia (Histoplasma/ Blastomyces), Hantavirus pulmonary syndrome, ARDS, tick-borne illness (Lyme disease/ Ehrlichiosis/Anapla smosis), acute eosinophilic pneumonia/ hypersensitivity pneumonitis	DDx: Pneumonia, tick-borne illness, Legionnaires' disease, vaping-associated lung injury Ix: Serology for tick-borne illness, Hantavirus serology, blood culture, BAL, ABG					
						Ix: Blood culture/ sputum culture, serology for atypical bacterial pneumonia/fungus/h antavirus/tick-borne						

disease,
bronchoscopy with
BAL, consult
microbiologist

						BAL, consult microbiologist						
20.	Case 16-2020: A 47-Year-Old	Primary Dx: Pulmonary	Primary Dx: Metastatic melanoma	Primary Dx: Metastatic	N/A, patient first presented	Primary Dx: Metastatic	Primary Dx: Metastatic	N	Y	11	15	Y
	Woman with Recurrent Melanoma and Pulmonary	histoplasmosis Ix: A flexible	with pulmonary involvement	melanoma DDx:	to the author's hospital for his/her chief complaint.	malignant melanoma	malignant melanoma			[5 + (3x2)]	[5 + (4x2) + 2]	
1	Nodules ³³	bronchoscopy with endobronchial ultrasound- guided trans- bronchial needle aspiration of the lymph nodes in	DDx: Metastatic disease from other primary cancer, TB/fungal infections (aspergillosis/histopla smosis/cryptococcosis/coccidiodomycosis)	Pneumonia, lymphoprolifera tive disorder, sarcoidosis, drug-induced lung injury		DDx: Infections (pneumonia/fungal/ parasitic), drug- induced lung injury, sarcoidosis, lymphoproliferative disorder	DDx: Infections (pneumonia/funga l/parasitic), drug- induced lung injury, sarcoidosis, lymphoproliferati ve disorder					
		the mediastinum and hila	Ix: biopsy, BRAF mutation testing, MRI brain /PET-CT, consult oncologist			Ix: Bronchoscopy with BAL and biopsy, pulmonary nodule biopsy, serology for fungus/parasite, CT/PET	Ix: Bronchoscopy with BAL and biopsy, pulmonary nodule biopsy, serology for fungus/parasite, CT/PET					
21.	Case 18-2020: A 73-Year-Old	Primary Dx: Infection with	Primary Dx: COVID pneumonia	Primary Dx: COVID	Primary Dx: COVID	Primary Dx: COVID	Primary Dx: COVID	Y	Y	10	11	Y
21.	Man with Hypoxemic Respiratory Failure and Cardiac Dysfunction ³⁴	COVID, resulting in ARDS and suspected myopericarditis	DDx: ARDS, bacterial pneumonia	DDx: Pneumonia, COPD exacerbation,	DDx: Pneumonia, flu, COPD exacerbation,	DDx: Pneumonia, flu, COPD exacerbation, heart failure, PE Ix: PCR for	DDx: Pneumonia, flu, COPD exacerbation, heart failure, PE, myocarditis			[(5x2)]	[(5x2) + 1]	
		Ix: NPS for	Ix: COVID PCR,	heart failure, PE, ARDS,	heart failure, PE	COVID, CXR/CT- Thorax, CBC, blood	Ix: PCR for COVID,					

		COVID	blood culture, CBC/procalcitonin/co agulation profile, echocardiography	pneumothorax	Ix: PCR for COVID, CXR/CT- Thorax, CBC, blood culture, procalcitonin, influenza testing, D- dimer, ECG	culture, procalcitonin, influenza testing, D- dimer, ECG, echocardiogram, CRP/LDH	CXR/CT-Thorax, CBC, blood culture, procalcitonin, influenza testing, D-dimer, ECG, echocardiogram, CRP/LDH, ABG					
22.	Case 25-2020: A 47-Year-Old	Primary Dx: Pneumonia due	Primary Dx: COVID	Primary Dx: COVID	N/A, patient first presented	Primary Dx: COVID	Primary Dx: COVID	Y	Y	20	20	Y
	A 47-Year-Old Woman with a Lung Mass ³⁵	Ix: Nasopharyngeal swab for COVID RNA	DDx: Other viral infections (flu/respiratory syncytial virus), lung cancer, pneumonia, tuberculosis, fungal infection Ix: Serology for COVID, CT-guided biopsy/bronchoscopy, follow up CT-thorax, tumor markers/coagulation studies/autoimmune markers	DDx: Flu, bacterial pneumonia, COPD exacerbation, asthma exacerbation, heart failure, exacerbation, PE	first presented to the author's hospital for his/her chief complaint.	DDx: Flu, pneumonia, asthma, bronchitis, allergic rhinitis, heart failure, PE Ix: COVID PCR, CXR, CBC, blood culture, flu testing, procalcitonin, D- dimer, ABG, NT- proBNP	DDx: Other viral pneumonia, bacterial pneumonia, atypical pneumonia, fungal pneumonia, lung cancer Ix: COVID PCR, bronchoscopy with BAL, blood culture, serology for atypical pneumonia, fungal testing, PET, tissue biopsy			[(5x2) + 4 + 3 + 2 + 1]	[(5x2) + 4 + 3 + 2 + 1]	
23.	Case 27-2020: A 53-Year-Old Woman with Headache and	Primary Dx: Toxoplasma gondii encephalitis in	Primary Dx: CNS lymphoma	Primary Dx: Brain tumor	Primary Dx: Stroke/ICH	Primary Dx: CNS neoplasm	Primary Dx: Metastatic brain tumor	N	Y	13 [5 + 4 +	14 [5 + 4 + (2x2) +	Y

	Gait	the context of								(2x2)]	1]	
	Imbalance ³⁶	HIV-2 infection and associated AIDS Ix: HIV antigen—	DDx: Metastatic brain tumor, glioblastoma multiforme, toxoplasmosis, MS	DDx: MS, chronic SDH, NPH, CNS infections, stroke/TIA, metabolic/endo crine disorder,	DDx: Brain tumor, chronic SDH, CNS infection, NPH, neurodegenerati ve disorder (Parkinson's	DDx: CNS lymphoma, metastatic brain tumor, infection (abscess/tuberculom a/neurocysticercosis), glioblastoma	DDx: CNS lymphoma, primary brain tumor, toxoplasmosis, infections (abscess/					
		antibody screening test, blood for IgM and IgG Toxoplasma	Ix: Brain biopsy, LP, HIV testing, PET scan, ophthalmological exam	nutritional deficiency (B12 deficiency), neurodegenerati ve disorder	disease/ Alzheimer's disease)	multiforme/ primary brain tumor, leptomeningeal carcinomatosis	tuberculoma/neur ocysticercosis)					
24 Case 31.		gondii		(Parkinson's disease/ Alzheimer's disease)	Ix: MRI/CT brain, CBC/LFT/RFT/ electrolyte/ESR/ CRP/coagulatio n profile/ TFT, LP, EEG	Ix: Brain biopsy, CT/MRI thorax/abdomen/pel vis, LP, CBC/electrolyte/LF T/RFT/ESR/CRP/co agulation profile/ TFT/ tumor marker, PET scan	Ix: Brain biopsy, CT/MRI thorax/abdomen/p elvis, LP, CBC/electrolyte/L FT/RFT/ESR/CR P/coagulation profile/ TFT/ tumor marker, HIV management review					
24.	Case 31-2020: A 48-Year-Old Man with Lymphoma and	Primary Dx: Disseminated cryptococcal infection	Primary Dx: Lymphoma	Primary Dx: Did not commit	Primary Dx: Lymphoma	Primary Dx: Lymphoma	Primary Dx: Diffuse large B cell lymphoma with possible	N	N	5 [5]	8 [5+3]	N
	Abdominal Pain ³⁷	Ix: Fungal blood culture, LP for	DDx: Hepatic and splenic abscess, hepatic and splenic metastasis, hepatitis	DDx: Lymphoma, peptic ulcer/gastroente ritis/IBD,	DDx: Infections (GI infections/oppor tunistic infections),	DDx: Infections (GI infections/opportuni stic infections), GERD/peptic ulcer, lymphoma treatment	hepatic and splenic involvement					
		cryptococcus neoformans	Ix: Liver biopsy, bone marrow exam, LP, repeat CT/PET, consult oncologist and	appendicitis/div erticulitis, bowel obstruction, lymphoma treatment side	GERD/peptic ulcer, lymphoma treatment side effects, venous thromboembolis	side effects, venous thromboembolism Ix: Abdominal and pelvic CT/MRI,	DDx: Infection/sepsis, drug-induced liver injury, hepato- splenic microabscess,					

		hematologist	effect, pancreatitis/gall stone/kidney stone	Ix: Abdominal and pelvic CT/MRI, PET scan, CBC/LFT/RFT/ ESR/CRP, endoscopy/CLN , biopsy of suspicious lesion	PET scan, CBC/LFT/RFT/ESR /CRP, endoscopy/CLN, biopsy of suspicious lesion	cholangitis/cholec ystitis Ix: Blood culture, hepatitis serology, liver biopsy, bone marrow exam, stool culture/testing for <i>C. difficile</i>					
25. Case 32-2020: A 63-Year-Old Man with Confusion,	Primary Dx: Borrelia miyamotoi infection	Primary Dx: Neurosarcoidosis	Primary Dx: Stroke	Primary Dx: CNS vasculitis	Primary Dx: CNS vasculitis	Primary Dx: Autoimmune encephalitis	N	N	9 [4+3+2]	7 [4+3]	Y
Confusion, Fatigue, and Garbled Speech ³⁸	Ix: CSF for RT-PCR of glpQ (glycerophosph odiester phosphodiestera se) gene of borreliae	DDx: Primary CNS lymphoma, infectious meningitis (<i>S. pneumoniae</i> / <i>N. meningitidis</i> / <i>H. influenzae</i> / enteroviruses/TB/cryp tococcus/histoplasma/coccidioides/ mycoplasma/toxoplas ma), cerebral vasculitis, autoimmune encephalopathy Ix: Brain/optic nerve biopsy, blood/CSF testing for Lyme/syphilis/TB/fun gal infection,	DDx: Meningitis, encephalitis, brain abscess, temporal arteritis	DDx: Infectious meningitis/ence phalitis, stroke, seizure Ix: LP, blood culture, serology for tick-borne illness, cerebral angiogram, MRI brain	DDx: Infectious meningitis/encephal itis, stroke, seizure Ix: LP, blood culture, serology for tick-borne illness, cerebral angiogram, MRI brain	DDx: Infectious encephalitis (viral/bacterial/fu ngal/parasitic), CNS vasculitis, neurosarcoidosis, paraneoplastic syndrome, CNS lymphoma Ix: CSF for PCR/serology, autoimmune encephalitis panel, brain biopsy, malignancy evaluation, MRI brain, cerebral					

			encephalopathy panel, serum ACE level, MRI brain, ophthalmologic evaluation, consult rheumatologist				angiography					
26.	Case 37-2020: A 35-Year-Old Man with Lymphadenopat hy and Petechiae ³⁹	Primary Dx: TB lymphadenitis Ix: Excisional of left inguinal lymph node for acid fast bacilli	Primary Dx: ITP DDx: Secondary ITP (infection/autoimmun e/medication), TTP, DIC Ix: Bone marrow exam, ADAMTS13 activity and inhibitor assay, autoimmune panel, GI evaluation, infection screening (hepatitis virus/HIV/EBV/CMV)	Primary Dx: Infectious mononucleosis DDx: Lymphoma, SLE, HIV, ITP, leukemia, sarcoidosis, Kikuchi- Fujimoto disease	Primary Dx: TB lymphadenitis DDx: Lymphoma, bacterial/viral infection, Kikuchi-Fujimoto disease, sarcoidosis Ix: CBC/ESR/CRP/peripheral blood smear, TB testing, CXR, FNA/excisional biopsy for LN, serology for EBV/CMV, HIV testing, LDH/beta-2microglobulin, ACE level	Primary Dx: ITP DDx: Lymphoma, Kikuchi-Fujimoto disease, sarcoidosis, drug-induced thrombocytopenia, vasculitis Ix: CBC/peripheral blood smear/ coagulation profile/ESR/CRP/au toimmune panel, HIV testing, excisional biopsy of LN, LDH/beta-2 microglobulin level, ACE level	Primary Dx: Kikuchi-Fujimoto disease DDx: Lymphoma, sarcoidosis, TB, Castleman's disease, vasculitis Ix: Excisional biopsy of LN, ACE level, LDH and beta-2 microglobulin level, autoimmune panel, IL-6 level, consult hematologist/onco logist	N	Y	5 [5]	13 [5 + 4 + (2x2)]	Y
27.	Case 40-2020: A 24-Year-Old Man with Headache and Covid-19 ⁴⁰	Primary Dx: Meningoenceph alitis, most likely due to cryptococcus	Primary Dx: Cerebral venous sinus thrombosis	Primary Dx: COVID associated headache	Primary Dx: COVID	Primary Dx: COVID	Primary Dx: Meningitis (viral/bacterial/fu ngal)	Y	Y	8 [(4x2)]	10 [(5x2)]	Y
	Covid-19	Ix: CSF for	DDx: Meningitis, autoimmune encephalitis,	DDx: Tension headache,	DDx: Influenza, pneumonia, TB	DDx: Meningitis, encephalitis, cerebral venous sinus thrombosis,	DDx: Encephalitis,					

		cryptococcal antigen and fungal smear and culture.	intracranial mass lesion, toxic/metabolic encephalopathy Ix: MRI venography, thrombophilia	migraine, sinus headache, dehydration headache, cerebral venous sinus thrombosis	Ix: COVID testing, CBC, CXR/CT- thorax, blood culture, TB testing, influenza testing	COVID neurological complication (encephalopathy/str oke/demyelinating disorder)	cerebral venous sinus thrombosis, COVID-related neurological complication, primary/secondar y headache disorders					
			workup, EEG, infectious workup (viral/bacterial), autoimmune antibody panel			Ix: LP, CT/MRI brain, blood culture, ESR/CRP, EEG	Ix: LP, CT/RMI brain, blood culture, serology/PCR (HIV/syphilis/Ly me disease or other relevant infections), EEG, autoimmune/para neoplastic workup					
28.	Case 1-2021: A 76-Year-Old	Primary Dx: Disseminated	Primary Dx: Neurosyphilis	Primary Dx: Did not commit	Primary Dx: Did not commit	Primary Dx: Did not commit	Primary Dx: CNS infection	Y	Y	10 $[5+3+2]$	16 [(5x2) +	Y
28.	Woman with Lethargy and Altered Mental Status ⁴¹	TB with associated central nervous system vasculitis. Ix: LP for CSF for acid fast	DDx: Bacterial meningitis, neoplastic meningitis, fungal meningitis, chemotherapy- induced leukoencephalopathy	DDx: Infection (UTI/pneumoni a/sepsis), metabolic abnormality (electrolyte/blo od glucose),	DDx: Infection (pneumonia/ TB/ fungal infection/atypic al infection), heart failure, malignancy,	DDx: Infection (pneumonia/ TB/ fungal infection/atypical infection), heart failure, malignancy, stroke/TIA,	(meningitis/encep halitis) (bacterial meningitis/ TB meningitis/ viral encephalitis/ fungal meningitis/ neurocysticercosis /toxoplasmosis)			[3+3+2]	4+2]	
		bacilli	Ix: CSF culture/PCR/cytology, MRI brain, serology for syphilis/Lyme disease/viral infections (HSV/VZV), tumor	dementia (Alzheimer's disease), drug side effect, dehydration, sleep deprivation/diso rders,	stroke/TIA, metabolic abnormalities, drug side effect, kidney dysfunction, hypothyroidism	metabolic abnormalities, drug side effect, Ix: CBC/electrolytes/L FT/RFT/glucose/TF	DDx: Vasculitis/vasculo pathy, autoimmune/infla mmatory disorder, cerebral metastasis/parane					

				disorders (Parkinson's disease/MS), psychiatric disorders	Ix: CBC/electrolyte s/LFT/RFT/gluc ose/TFT/ESR/C RP/blood culture, urinalysis, CXR/CT- thorax, echocardiogram , CT/MRI brain, LP, PET-CT, biopsy if necessary	culture, urinalysis, CXR/CT-thorax, echocardiogram, CT/MRI brain, LP, PET-CT, biopsy if necessary	Ix: CSF cultures/PCR, serology for autoimmune/para neoplastic markers, cerebral angiography, brain biopsy if still unclear of diagnosis					
29.	Case 5-2021: A 68-Year-Old	Primary Dx: Disseminated	Primary Dx: metastatic malignancy	Primary Dx: SLE	Primary Dx: paraneoplastic	Primary Dx: did not commit	Primary Dx: multiple myeloma	N	N	7	6	Y
l I I	Man with Delirium and Renal	M. bovis infection	DDx: sarcoidosis,	DDx: vasculitis, CKD, multiple	syndrome	DDx: vasculitis, systemic infection,	DDx: lymphoma,			[4+3]	[4 + 2]	
	Insufficiency ⁴²	Ix: sputum for acid fast bacilli	lymphoma, vasculitis, cerebral cavernous malformation,	myeloma, Sjogren's syndrome,	DDx: sarcoidosis, vasculitis, SLE,	malignancy, autoimmune disease	CNS vasculitis/autoim munity, infection					
		smear and culture & molecular-	infection process	paraneoplastic syndrome, hematological	hematological malignancy, infections (IE,	Ix: Serology for vasculitis/infection,	(JC virus, HSV, TB, Cryptococcus,					
		beacon testing	Ix: consult rheumatologist/micro	malignancy	sepsis, atypical infections), neurological	PET-CT, bone marrow exam, CSF analysis, biopsy of	HHV-6, CMV, Nocardia, histoplasmosis,					
			biologist		disorders (MS, GBS)	abnormal tissues, consult hematology/rheumat	coccidiodomycosi s, neurocysticercosis					
					Ix: CSF analysis,	ology/microbiology/ neurology	, toxoplasmosis)					
					paraneoplastic autoantibodies,		Ix: bone marrow exam, serum					

T/ESR/CRP/blood

oplastic syndrome

neurological

markers

					CT- thorax/abdomen /pelvis, MRI brain and spinal cord, NCV/EMG, consult neurologist/onc ologist		protein electrophoresis/im munofixation/free light chain, biopsy, CSF analysis, blood/sputum culture/PCR, autoimmune panel					
30.	Case 7-2021: A 19-Year-Old	Primary Dx: <i>N. meningitidis</i>	Primary Dx: Systemic inflammatory	Primary Dx: Septic shock	N/A, patient first presented	Primary Dx: Meningococcemia	Primary Dx: Meningococcemia	Y	Y	6	10	Y
	Man with Shock, Multiple	bacteremia	response syndrome due to infection	•	to the author's hospital for	Ü	Ü			[(3x2)]	[(5x2)]	
_	Organ Failure, and Rash ⁴³	Ix: Blood		DDx: toxic shock	his/her chief complaint.	DDx: septic shock, toxic shock	DDx: Septic shock, toxic shock					
		culture	DDx: Toxic shock syndrome, meningococcemia,	syndrome, meningococce mia, SJS/TEN,		syndrome, anaphylaxis, SJS/TEN	syndrome, anaphylaxis, SJS/TEN					
			leptospirosis, Rocky Mountain spotted	anaphylaxis		3J3/1EN	3J3/1EIN					
			fever			Ix: LP, PCR for N meningitidis,	Ix: Blood culture, LP, PCR for <i>N</i> .					
			Ix: Blood culture, LP, skin biopsy,			serology for other virus/bacteria, skin biopsy if	meningitides, serology for other virus/bacteria,					
		procalcitonin/coagulat ion studies/serology for infectious agents, CT-thorax			appropriate	skin biopsy if appropriate						
31.	Case 11-2021: A 39-Year-Old	Primary Dx: Bartonella	Primary Dx: Disseminated	Primary Dx: Did not commit	Primary Dx: Pyelonephritis	Primary Dx: Pyelonephritis/	Primary Dx: Pyelonephritis/	N	Y	0	8	Y
	Woman with Fever, Flank	henselae infection	gonococcal infection			complicated UTI	complicated UTI				[4 + (2x2)]	
	Pain, and Inguinal Lymphadenopat		DDx: Pelvic	DDx: Pyelonephritis,	DDx: TB, Bartonella	DDx: TB,	DDx: TB,					
	hy ⁴⁴	Ix: A right inguinal LN biopsy and	inflammatory disease, tubo-ovarian abscess	renal colic, diverticulitis, ovarian torsion,	henselae infection, intrauterine	Bartonella henselae infection, intrauterine device	intrauterine device complication,					

		serologic testing for B. henselae	Ix: Blood culture, joint aspiration, CT/USG, testing for STD, consult microbiologist/gyneco logist	ectopic pregnancy, pelvic inflammatory disease	Ix: CBC, urinalysis, blood culture, CXR, USG for abdomen/pelvis, serology for Bartonella henselae	Ix: CBC, urinalysis, blood culture, CXR, USG for abdomen/pelvis, serology for Bartonella henselae	Ix: CBC, urinalysis, blood culture, CXR, USG for abdomen/pelvis, tuberculosis testing, serology for Bartonella henselae					
32.	Case 12-2021: A 78-Year-Old Man with a Rash on the Scalp and Face ⁴⁵	Primary Dx: VZV infection. Ix: Skin biopsy with VZV immunochemic al stain	Primary Dx: Zoster ophthalmicus DDx: Bacterial cellulitis, allergic contact dermatitis, other viral infection (HSV), impetigo Ix: PCR for VZV, ophthalmologic evaluation, CBC/electrolyte/viral serology	Primary Dx: Zoster ophthalmicus DDx: Cellulitis, allergic contact dermatitis, insect bites/stings, pre- septal/orbital cellulitis, angioedema	N/A, patient first presented to the author's hospital for his/her chief complaint.	Primary Dx: Zoster ophthalmicus DDx: Cellulitis, allergic contact dermatitis, preseptal/orbital cellulitis, fungal infection Ix: Tzanck smear, PCR for zoster, CBC, blood culture, skin swab culture	Primary Dx: Zoster ophthalmicus DDx: Cellulitis, pre-septal/orbital cellulitis, allergic contact dermatitis, fungal infection Ix: Tzanck smear, PCR for zoster, CBC, blood culture, skin swab culture	Y	Y	14 [(5x2) + 4]	17 [(5x2) + 4 + 3]	Y
33.	Case 14-2021: A 64-Year-Old Woman with Fever and	Primary Dx: Babesiosis possibly complicated by hemophagocyti	Primary Dx: Primary myelofibrosis DDx: MDS, chronic	Primary Dx: Infection/hemat ological malignancy	Primary Dx: Lyme disease DDx: Infections	Primary Dx: Autoimmune hemolytic anemia (suggestive of cold	Primary Dx: Autoimmune hemolytic anemia (suggestive of cold agglutinin	N	Y	3 [3]	13 [(4x2) + 3 + 2]	Y

Pancytopenia ⁴⁶	c lymphohistiocyt osis Ix: Peripheral blood smear	myeloid leukemia, acute myeloid leukemia Ix: Bone marrow exam, molecular testing for MPN and other malignancy, cytogenetic analysis, flow cytometry for hematological malignancy, core needle/excisional LN biopsy	DDx: Autoimmune (SLE/RA), aplastic anemia, bone marrow infiltration (metastasis/gran ulomatous disease like sarcoidosis), drug-induced, nutritional deficiency (vitamin B12/folate)	(viral/bacterial/f ungal/parasitic), hematological malignancy (leukemia/MDS /lymphoma), aplastic anemia, autoimmune disorders (SLE/RA), drug-induced, marrow infiltration, nutritional deficiency Ix: CBC/peripheral blood smear, blood culture, serology for Lyme disease, tick-borne illness tests (Anaplasmosis, Babesiosis), nutrition level (vitamin	DDx: Infections (viral/bacterial/fung al/parasitic/tick- borne illness), hematological malignancy (leukemia/MDS/lym phoma), autoimmune disorders (SLE/RA), drug-induced, marrow infiltration, nutritional deficiency Ix: Cold agglutinin, blood cultures, serology for tick- borne illness, autoimmune markers, flow cytometry for lymphoproliferative disorders, bone	DDx: Infections (viral/bacterial/fu ngal/parasitic/tick -borne illness), hematological malignancy (leukemia/MDS/I ymphoma, autoimmune disorders (SLE/RA), marrow infiltration, drug- induced, nutritional deficiency Ix: Cold agglutinin, blood cultures, serology for tick-borne illness, autoimmune markers, flow
				Babesiosis),	cytometry for lymphoproliferative	illness, autoimmune

Primary Dx:

Primary Dx: IE

Primary Dx: IE with Primary Dx:

Infected aortic

infected aortic

13

Y

Y

Y

12

34. Case 16-2021:

A 37-Year-Old

Primary Dx:

Mycotic

Primary Dx: Mycotic

	Woman with Abdominal Pain and Aortic Dilatation ⁴⁷	aneurysm, potentially in the context of underlying vascular injury or vasculitis Ix: Blood culture	DDx: Atherosclerosis/conne ctive tissue disorder, aortitis Ix: blood culture, echocardiography, test for infective endocarditis/HBV/HC V/other bloodborne pathogens, consult rheumatology	DDx: Gastroenteritis, reflux disease, IBS, peptic ulcer, gallstone, appendicitis, diverticulitis, UTI, kidney stone, ovarian cysts/torsion, ectopic pregnancy, pelvic inflammatory disease, endometriosis	DDx: IE with infected aortic aneurysm, aortic dissection, intra-abdominal infection/absces s, acute/chronic mesenteric ischemia, peri-aortitis Ix: Blood culture, echocardiograp hy, CT/MRI angiography of abdomen/pelvis, serology for autoimmune/inf lammatory conditions, CBC/coagulation profile/LFT/RF T/ESR/CRP	aneurysm DDx: Aortic dissection, intra-abdominal infection/abscess, acute/chronic mesenteric ischemia, peri-aortitis Ix: Blood culture, echocardiography, CT/MRI angiography of abdomen/pelvis, serology for autoimmune/inflam matory conditions, CBC/coagulation profile/LFT/RFT/ES R/CRP	aneurysm DDx: Aortic dissection, intra-abdominal infection/abscess, peri-aortitis, acute/chronic mesenteric ischemia, vasculitis Ix: Blood culture, echocardiography, CT/MRI angiography of abdomen/pelvis, serology for autoimmune/infla mmatory conditions, CBC/coagulation profile/LFT/RFT/ESR/CRP			[(5x2) + 3]	[(5x2) + 2]	
35.	Case 18-2021: An 81-Year-Old Man with Cough, Fever, and Shortness of Breath ⁴⁸	Primary Dx: Pneumonia associated with COVID and acute pulmonary embolism	Primary Dx: Pneumonia complicated by COVID DDx: MI, PE, COPD exacerbation Ix: PCR testing, ABG, CTPA,	Primary Dx: COVID DDx: Bacterial pneumonia, influenza, , heart failure, COPD exacerbation,	N/A, patient first presented to the author's hospital for his/her chief complaint.	Primary Dx: COVID DDx: Bacterial pneumonia, influenza, heart failure, COPD exacerbation, PE, pleura	Primary Dx: COVID DDx: Bacterial pneumonia, ARDS, cardiac injury, PE Ix: COVID test, ABG,	Y	Y	13 [(5x2) + 3]	11 [(5x2) + 1]	Y

		Ix: NPS for SARS-CoV-2 RNA and CT pulmonary artery	echocardiography, blood tests for inflammatory markers/ cardiac enzymes/coagulation profile, blood culture, CT brain	PE		inflammation/infecti on Ix: COVID test, CXR/CT-thorax, CBC, blood culture, ABG, D- dimer/troponin/NP	echocardiogram, CT-thorax/CXR, monitor sepsis					
36.	Case 21-2021: A 33-Year-Old Pregnant Woman with Fever, Abdominal Pain, and Headache ⁴⁹	Primary Dx: Listeria infection Ix: Blood culture	Primary Dx: appendicitis DDx: IBD exacerbation, migraine, gastroenteritis, pyelonephritis, cholecystitis Ix: CT abdomen, CBC/CRP/ESR/LFT/RFT, stool for <i>C. difficile</i> , obstetric USG, consult gastroenterologist	Primary Dx: Ulcerative colitis flare DDx: Pregnancy- related complication (ectopic pregnancy/ miscarriage/ hyperemesis gravidarum), infections (gastroenteritis/ UTI/sepsis), intestinal obstruction, pre-eclampsia, migraine	N/A, patient first presented to the author's hospital for his/her chief complaint.	Primary Dx: Ulcerative colitis DDx: Gastrointestinal infection (bacterial/ C. difficile), pregnancy-related complication (hyperemesis gravidarum), bowel obstruction, pre- eclampsia Ix: CBC/CR/CRP/LFT/ RFT stool test for C. difficile, USG/CT abdomen, sigmoidoscopy/colo noscopy	Primary Dx: Ulcerative colitis flare DDx: Infections (bacterial gastroenteritis/C. difficile), bowel obstruction, pregnancy-related complication (hyperemesis gravidarum), pre- eclampsia Ix: CBC/LFT/RFT/C RP/ESR, stool test for C. difficile, USG/CT abdomen, sigmoidoscopy/C LN	N	N	4 [4]	5 [5]	N
37.	Case 23-2021: A 41-Year-Old Woman with Bloody Stools	Primary Dx: CMV induced ITP	Primary Dx: TTP	Primary Dx: thrombotic microangiopath	Primary Dx: post-transplant lymphoprolifera	Primary Dx: GI bleed	Primary Dx: TTP DDx: ITP (viral infections,	N	Y	0	10 [(4x2) +	Y

	and Thrombocytope nia ⁵⁰	Ix: Blood for CMV DNA	DDx: Graft rejection, hemorrhagic colitis, infectious colitis Ix: ADAMTS13 activity and inhibitor testing, coagulation studies, renal imaging (USG/Doppler), infectious workup (CMV antigen/PCR)	DDx: GI bleed, infectious cause (CMV colitis/ C. difficile colitis/ other infections), drug-induced thrombocytope nia, GVHD, ITP	DDx: GI bleed, infectious cause (CMV colitis/ C. difficile colitis/ other infections), drug-induced thrombocytopen ia, thrombotic microangiopath y Ix: CBC/LFT/RFT/ electrolyte, stool test for C difficile/ CMV, CT/MRI abdomen, endoscopy (OGD/CLN), EBV and CMV PCR, peripheral blood smear, LDH and haptoglobin, ADAMTS13, renal biopsy	DDx: Post-transplant lymphoproliferative disorder, infectious cause (CMV colitis/ C. difficile colitis/ other infections), drug-induced thrombocytopenia, thrombotic microangiopathy, peptic ulcer Ix: CBC/LFT/RFT/elec trolyte/coagulation profile, stool test for C. difficile/ CMV, CT/MRI abdomen, endoscopy (OGD/CLN), EBV and CMV PCR, peripheral blood smear, LDH and haptoglobin, ADAMTS13	medication, post-transplant complication idiopathic), HUS, drug-induced thrombocytopenia , DIC, post-transplant complication (GVHD/rejection) , infections (CMV/EBV), SLE, anti-phospholipid syndrome Ix: ADAMTS13 activity, blood culture, viral serology (CMV/EBV), autoimmune panel, renal biopsy, bone marrow exam, review medication list				2]	
38.	Case 24-2021: A 63-Year-Old Woman with Fever, Sore Throat, and	Primary Dx: Acute HIV-1 infection	Primary Dx: Neurosyphilis	Primary Dx: Bacterial meningitis	N/A, patient first presented to the author's hospital for his/her chief	Primary Dx: Neurosyphilis	Primary diagnosis: Neurosyphilis	N	N	12 [5 + 4 + 3]	14 [5 + 4 + 3 + 2]	Y
			DDx: Viral		complaint.	DDx: Bacterial/viral	DDx: Viral					

	Confusion ⁵¹	Ix: Blood for immunoassay for HIV-1 and HIV-2 and RNA	encephalitis (HSV/VZV/EBV/CM V/enterovirus), other infectious causes (bacterial/fungal meningitis), autoimmune/inflamm atory disorders (SLE/ vasculitis) Ix: Syphilis serology, CSF analysis, HIV testing, MRI brain	DDx: Influenza, viral meningitis, encephalitis, sepsis, COVID, infectious mononucleosis		meningitis, encephalitis, sepsis, subacute thyroiditis, COVID, infectious mononucleosis, temporal arteritis Ix: CBC/ESR/CRP, blood culture, syphilis test, TFT, CXR, CT/MRI brain, serology for EBV/HIV/Lyme disease	meningitis/enceph alitis, Lyme disease, bacterial meningitis, TB meningitis, disseminated fungal infection (Cryptococcus), sarcoidosis, vasculitis Ix: Syphilis test, serology for Lyme disease, CSF for AFB smear/TB culture,/cryptococ cus, serology for EBV/HIV/CMV, ACE level, autoimmune/vasc ulitis testing					
9.	Case 31-2021: A 21-Year-Old Man with Sore Throat, Epistaxis, and Oropharyngeal Petechiae ⁵²	Primary Dx: Severe aplastic anemia in the presence of infection with COVID. Ix: Bone marrow examination	Primary Dx: Severe aplastic anemia DDx: Paroxysmal nocturnal hemoglobinuria, acute leukemia, druginduced marrow suppression Ix: Bone marrow examination, cytogenetic analysis, HLA typing, viral serology (hepatitis/EBV), hemoglobin electrophoresis	Primary Dx: Infectious mononucleosis/ streptococcal pharyngitis DDx: Thrombocytope nia (including ITP), leukemia	Primary Dx: ITP DDx: Infectious mononucleosis, TTP/HUS, leukemia, viral infection (HIV/hepatitis) Ix: CBC/peripheral blood smear/coagulati on profile, testing for streptococcal pharyngitis, monospot	Primary Dx: Aplastic anemia DDx: ITP, MDS, hematological malignancy, paroxysmal nocturnal hemoglobinuria, viral infections (HIV/hepatitis/EBV)) Ix: Bone marrow exam, reticulocyte count, serology for EBV/HIV/hepatitis, flow cytometry for paroxysmal	Primary Dx: Aplastic anemia DDx: Viral marrow suppression (COVID/parvovir us B19/EBV/CMV/ HIV), acute leukemia, HLH, MDS, ITP Ix: Bone marrow exam, flow cytometry/cytoge netic analysis for leukemia/MDS, serology for	Y	Y	[(5x2) + 4]	14 [(5x2) + 4]	Y

39.

					test/EBV serology, testing for HIV/hepatitis, bone marrow exam	nocturnal hemoglobinuria, Coombs' test, CXR/CT-thorax, sickle cell trait evaluation	EBV/CMV/HIV/p arvovirus B19, autoimmune antibodies testing, HLA typing and screening for Fanconi anemia					
40.	Case 34-2021: A 38-Year-Old Man with Altered Mental Status and New Onset of Seizures ⁵³	Primary Dx: Neurocysticerc osis Ix: Blood for cysticercal antibodies	Primary Dx: Metabolic disturbance (such as metabolic acidosis) DDx: Toxic encephalopathy, CNS infections (meningitis/encephalit is/cerebral abscess/neurocysticer cosis/TB/syphilis/Ly me disease), autoimmune encephalopathy, renal disease, structural brain lesion Ix: LP, CT/MRI brain, toxicology screen, metabolic/electrolyte panel, autoimmune testing, infectious disease workup (serology/cultures)	Primary Dx: Did not commit DDx: Epilepsy, infection (meningitis/enc ephalitis), metabolic disturbance (hypoglycemia/ sodium imbalance), stroke, toxic/metabolic encephalopathy (drug overdose, alcohol withdrawal), brain tumor, autoimmune/pa raneoplastic encephalitis, traumatic brain injury	N/A, patient first presented to the author's hospital for his/her chief complaint.	Primary Dx: Did not commit DDx: Infection (meningitis/encepha litis), stroke, toxic/metabolic encephalopathy, brain tumor, autoimmune/parane oplastic encephalitis, epilepsy, electrolyte imbalance Ix: CBC/electrolyte/LF T/RFT/blood culture/ESR/CRP, LP, CT/MRI brain, EEG, toxicology screen	Primary Dx: CNS infection (in particular neurocysticercosis /stronygloidiasis) DDx: Metabolic causes/sepsis, space occupying lesion, toxic/drug-induced Ix: LP, CT/MRI brain, EEG, blood culture/infectious disease workup	Y	Y	6 [(3x2)]	13 [(5x2) + 3]	Y
41.	Case 35-2021: A 50-Year-Old	Primary Dx:	Primary Dx:	Primary Dx: Splenic	N/A, patient first presented	Primary Dx:	Primary Dx: Sarcoidosis with	N	Y	9	16	Y

	Woman with Pain in the Left Upper Quadrant and Hypoxemia ⁵⁴	Ix: Bronchoscopy with BAL for fluid for microscopic examination	DDx: Infection (atypical/opportunistic), lymphoma, GPA, SLE/RA Ix: Bronchoscopy with BAL, trans- bronchial lung biopsy if diagnosis remains unclear, serology for autoimmune disease/vasculitis, PET-CT, consult rheumatologist	DDx: Pneumonia, PE, pleural effusion, gastritis/peptic ulcer	to the author's hospital for his/her chief complaint.	DDx: Splenic infarction, pneumonia, pulmonary sarcoidosis, PE Ix: CT-thorax, CT/USG abdomen, ABG, CBC/electrolyte/LFT, D-dimer	possible pulmonary involvement DDx: Bacterial pneumonia, drug- induced lung injury, atypical pneumonia, fungal infection, TB, autoimmunity, lymphoproliferati ve disorder Ix: Sputum culture, BAL, antibody/antigen testing for fungal infection, repeat IGRA, serology for atypical pathogen (mycoplasma/chla mydia), HRCT, VATS/lung biopsy if diagnosis remain uncertain, monitor CRP/ESR			[5+4]	[5+4+ 3+2+ (1x2)]	
42.	Case 36-2021: A 22-Year-Old Man with Pain and Erythema of the Left Hand ⁵⁵	Primary Dx: Erysipeloid due to Erysipelothrix rhusiopathiae infection	Primary Dx: Necrotizing fasciitis DDx: Cellulitis, paronychia, DVT	Primary Dx: Cellulitis DDx: Abscess, felon, septic arthritis,	N/A, patient first presented to the author's hospital for his/her chief complaint.	Primary Dx: Tick- borne infection (Lyme disease/Ehrlichiosis/ Anaplasmosis/Rock y Mountain spotted	Primary Dx: Tick- borne infection DDx: Bacterial skin/soft tissue infection	N	N	4 [4]	4 [4]	Y

		Ix: Skin biopsy for microbiological examination	Ix: Surgical exploration, tissue biopsy, blood culture, MRI of affected area, consult microbiologist	necrotizing fasciitis, superficial thrombophlebiti s, insect/spider bite, complex regional pain syndrome		DDx: Bacterial skin/soft tissue infection (cellulitis/abscess), necrotizing fasciitis Ix: CBC/ESR/CRP/blo od culture/serology for tick-borne infection, XR hand, USG hand, bullae aspiration, skin biopsy	(cellulitis/abscess) , necrotizing fasciitis Ix: Serology for tick-borne infection, XR hand, USG hand, bullae aspiration, skin biopsy					
43.	Case 4-2022: A 55-Year-Old Man with Bilateral	Primary Dx: Syphilis	Primary Dx: Susac's syndrome	Primary Dx: Susae's syndrome	Primary Dx: Cogan's syndrome	Primary Dx: Cogan's syndrome	Primary Dx: Cogan's syndrome	N	Y	0	17 [5 + 4 + 3 +	Y
	Hearing Loss and Eye Redness ⁵⁶	Ix: Serologic testing for syphilis	DDx: Behçet's disease, MS Ix: MRI brain, fluorescein angiography, audiometry, LP, consult rheumatologist/neurol ogist	DDx: GPA, Cogan's syndrome, sarcoidosis, infection (Lyme disease/syphilis), drug-induced	DDx: GPA, sarcoidosis, infections (Lyme disease, syphilis), Susac's syndrome Ix: Slit-lamp examination, ESR/CRP/autoa ntibodies, CXR/CT-thorax, ACE	DDx: GPA, sarcoidosis, infections (Lyme disease, syphilis), Susac's syndrome Ix: Slit-lamp examination, ESR/CRP/autoantib odies, CXR/CT-thorax, ACE level, possible biopsy, serology for Lyme disease/syphilis,	DDx: GPA, sarcoidosis, infections (Lyme disease, syphilis), Susac's syndrome Ix: Slit-lamp examination, ESR/CRP/autoant ibodies, CXR/CT-thorax, ACE level, possible biopsy, serology for Lyme				(2x2)]	

					level, possible biopsy, serology for Lyme disease/syphilis, MRI brain	MRI brain	disease/syphilis, MRI brain					
44.	Case 9-2022: A 56-Year-Old Woman with Fever, Myalgias, Diarrhea, and Cough ⁵⁷	Primary diagnosis: Tickborne infection most consistent with Anaplasmosis. Investigations: Detection of <i>A. phagocytophilu m</i> DNA in the blood by means of real-time polymerase-chain-reaction analysis and DNA hybridization	Primary Dx: COVID DDx: Atypical pneumonia (mycoplasma/chlamy dia), influenza/other respiratory viral infection, pneumonia Ix: Repeat COVID testing, serology for COVID, respiratory pathogen panel, HRCT, consult microbiologist	Primary Dx: COVID DDx: Influenza, pneumonia (bacterial/viral), acute bronchitis, gastroenteritis	N/A, patient first presented to the author's hospital for his/her chief complaint.	Primary Dx: COVID DDx: Influenza, pneumonia (bacterial/viral), acute bronchitis, gastroenteritis Ix: COVID testing, CBC/CRP/ESR, CXR/CT-thorax, blood culture, influenza testing	Primary Dx: Atypical presentation of COVID DDx: Atypical pneumonia (Mycoplasma/Chl amydia/Legionell a), viral infections (influenza/parainf luenza/adenovirus), non-infectious (connective tissue disease/vasculitis/ drug-induced)	N	N	8 [5+3]	12 [5 + 4 + 3]	N
							Ix: COVID testing, serology for other infections, rheumatologic workup, HRCT					
A 56-Year-Old Man with Myalgias, Fever, and	Primary Dx: Regional	Primary Dx: Cardiac sarcoidosis	Primary Dx: Did not commit	Primary Dx: Lyme disease	Primary Dx: Lyme disease	Primary Dx: IE	N	Y	7	9	N	
		myocarditis due to infection			,					[4+2+1]	[5 + (2x2)]	
		with Listeria monocytogene	DDx: IE, Lyme disease, TB, Whipple's disease, rheumatologic	DDx: Viral infections (influenza/deng ue), bacterial	DDx: Viral infection (influenza/parvo virus	DDx: Viral infection (other than COVID), bacterial infection (Q	DDx: Lyme carditis, sarcoidosis, myocarditis, autoimmune/infla					

		Ix: Microbial cell-free DNA sequencing performed of the endomyocardial biopsy specimen	conditions (SLE/vasculitis) Ix: Echocardiography, endomyocardial biopsy, serology for Lyme disease/TB/Whipple's disease, autoimmune workup, PET-CT, consult microbiologist/rheum atologist	infection (Lyme disease), autoimmune disease (SLE/RA/poly myalgia rheumatica), inflammatory myopathies (polymyositis/dermatomyositis)	B19/EBV), autoimmune/inf lammatory disorders (Polymyalgia rheumatica/RA/SLE), reactivation infection (TB/malaria/HB V), endocarditis Ix: Lyme disease serology, ESR/CRP, viral serology, autoimmune markers, blood culture, CBC,	fever/brucellosis/An aplasmosis), parasitic infections (reactivation/new infection), autoimmune/inflam matory conditions (RA or other arthropathies), malignancy (e.g. lymphoma) Ix: Lyme disease serology, CBC/ESR/CRP/blo od culture, rheumatologic workup, CT thorax/abdomen/pel vis, serology for	mmatory condition (SLE/RA), pericarditis Ix: Blood culture, echocardiography, lymph node biopsy, serology for infections, ACE level, CT-thorax					
46.	Case 22-2022:	Primary Dx:	Primary Dx:	Primary Dx:	CT/MRI scan Primary Dx:	other infections Primary Dx: Ectopic	Primary Dx:	N	Y	13	17	Y
	A 34-Year-Old Woman with Cavitary Lung Lesions ⁵⁹	Blastomycosis. Ix:	Pulmonary histoplasmosis	Ectopic ACTH secretion (from neuroendocrine tumor)	Ectopic ACTH secretion (from neuroendocrine tumor)	ACTH secretion (from neuroendocrine tumor)	Disseminated histoplasmosis			[5+4+(2x2)]	[5 + 4 + (3x2) + 2]	
		Bronchoscopy with BAL	DDx: Pneumonia, PCP, fungal (coccidiodomycosis/B lastomycosis), opportunistic infections (Cryptococcus) Ix: Bronchoscopy, serology for histoplasmosis, blood	DDx: Cushing syndrome, adrenal gland tumor, iatrogenic hypercortisolis m, pituitary adenoma	DDx: Incomplete resection of pituitary lesion, recurrence of pituitary lesion Ix: MRI pituitary gland, ACTH level,	DDx: Incomplete resection of pituitary lesion, recurrence of pituitary lesion Ix: ACTH level, ACTH stimulation test, Octreotide scan/68-Ga-	DDx: Bacterial pneumonia, fungal pneumonia (aspergillosis/cryp tococcosis/Blasto mycosis/coccidioides/PCP), TB					

			culture, PCR for specific pathogens, HRCT, consult microbiologist		Octreotide scan/68-Ga- DOTATATE PET-CT, ACTH stimulation test	DOTATATE PET- CT, bronchoscopy with BAL	culture from BAL/tissue samples, TB testing					
47.	Case 25-2022: A 25-Year-Old Woman with Headache and Blurred Vision ⁶⁰	Primary Dx: Candida meningitis. Ix: CSF for fungal culture and a fungal wet preparation and whole genome sequencing	Primary Dx: Leptomeningeal carcinomatosis DDx: Meningitis, metastatic disease, neurosarcoidosis, lymphoma Ix: Repeat CSF analysis, tumor markers, biopsy, PET- CT, genetic testing for inherited cancer syndrome, consult neurologist/oncologist	Primary Dx: Chronic migraines DDx: Meningitis, brain tumor, pseudotumor cerebri, temporal arteritis, sinusitis	Primary Dx: Did not commit DDx: Pseudotumor cerebri, migraine, meningitis, brain tumor Ix: CT/MRI brain, LP, fundoscopic exam, CBC/metabolic panel	Primary Dx: Brain tumor DDx: Pseudotumor cerebri, meningitis, cerebral venous sinus thrombosis Ix: MRI brain, LP, CBC/metabolic panel, cerebral venous sinus imaging	Primary Dx: Infectious meningitis (bacterial/viral/fu ngal/TB) DDx: Neoplastic meningitis, neurosarcoidosis, CNS vasculitis, intracranial hypotension Ix: CSF culture for bacteria/fungal/m ycobacteria, CSF PCR for virus (enterovirus/HSV/ VZV/CMV/EBV) , CSF cytology for malignancy, ACE level, autoimmune markers, meningeal biopsy if necessary	Y	Y	10 [(4x2) + 2]	13 [(5x2) + 3]	Y
48.	Case 37-2022: A 55-Year-Old Man with Fatigue, Weight	Primary Dx: TB (most likely donor-derived infection)	Primary Dx: Disseminated TB with miliary pulmonary involvement and renal	Primary Dx: infection (TB/Nocardia/f ungal)	N/A, patient first presented to the author's hospital for	Primary Dx: Infection (bacterial/viral/fung al/TB/Nocardia/CM	Primary Dx: Disseminated fungal infection (histoplasmosis/cr	N	Y	17 [(5x2) + 4 + 3]	17 [5 + (4x2) + 3	Y

	Loss, and Pulmonary Nodules ⁶¹	Ix: Sputum for TB-PCR, acid fast bacilli smear and culture	DDx: Disseminated fungal infection (histoplasmosis/crypto coccosis), disseminated viral infection, disseminated malignancy Ix: TB workup from sputum/blood/urine, IGRA/Tuberculin skin test, CXR/CT-thorax, lung biopsy, renal biopsy, evaluate drug toxicity, CBC/blood chemistry, consult microbiologist/nephro logist	DDx: Post-transplant lymphoprolifera tive disorder, malignancy, drug-induced lung injury (immunosuppre ssive medication), rejection, non-specific interstitial pneumonitis	his/her chief complaint.	DDx: Post-transplant lymphoproliferative disorder, malignancy, drug-induced lung injury (immunosuppressive medication), rejection, non-specific interstitial pneumonitis Ix: Blood culture, sputum culture, CXR/CT-thorax, bronchoscopy with BAL, serology for (CMV/EBV), biopsy of pulmonary nodule, RFT/CBC/LFT/coagulation profile	pytococcosis/aspe rgillosis) DDx: Disseminated bacterial infection (TB/Nocardia), viral infection (CMV/EBV), parasitic infection (toxoplasmosis), non-infectious cause (drug-induced pneumonitis/sarco idosis/rejection) Ix: Blood culture, sputum culture, bronchoscopy with BAL, serology for (CMV/EBV), PCR for TB/CMV/EBV, biopsy of pulmonary nodule, transplanted kidney biopsy				+ 1]	
49.	Case 5-2023: A 67-Year-Old Man with Interstitial Lung Disease, Fever,	Primary Dx: Anaplasmosis.	Primary Dx: COVID DDx: Infection-	Primary Dx: Influenza	N/A, patient first presented to the author's hospital for his/her chief	Primary Dx: Pneumonia	Primary Dx: Bacterial infection (pneumonia/sepsi s)	N	N	1 [1]	9 [5 + 4]	N
	and Myalgias ⁶²	Ix: Nucleic acid amplification testing (NAAT)	related complication, drug-induced liver injury, ILD disease	DDx: COVID, gastroenteritis, pneumonia, TI,	complaint.	DDx: Influenza, COVID, organizing pneumonia, ILD	DDx: Fungal					

		of whole blood	progression, other infection (viral/atypical bacteria) Ix: Blood/urine culture, serology for virus/atypical bacteria, autoimmune workup, liver biopsy, consult pulmonologist/microb iologist/rheumatologis t	cellulitis, meningitis, sepsis		exacerbation, PE, heart failure Ix: CXR/CT-thorax, blood culture/CBC/CRP/p rocalcitonin/ABG, COVID/flu testing, D-Dimer, electrolyte/LFT/RF T, urinalysis	infection (aspergillosis/hist oplasmosis), drug-induced fever/ side effect, autoimmune/infla mmatory condition, viral infection Ix: Procalcitonin, blood culture and fungal culture, BAL, serology for fungal infection, CXR/CT-thorax, echocardiography					
7 N C R F	Case 7-2023: A 10-Year-Old Man with Covid-19, Respiratory Failure, and Rashes ⁶³	Primary Dx: Mucormycosis Ix: Skin biopsy for microbiological work-up and genomic sequencing	Primary Dx: Severe pneumonia (<i>S pneumoniae</i>) with sepsis, respiratory failure, cutaneous manifestation DDx: DIC secondary to infection/sepsis, cutaneous vasculitis/necrotizing fasciitis, PE, opportunistic infection (fungal/viral) Ix: CT-thorax, CTPA, lower limb USG for DVT, blood culture/	Primary Dx: Drug reaction DDx: Infection (viral or fungal infection apart from pneumococcal bacteremia), immune- mediated reaction (GVHD), vasculitis (Henoch- Schonlein purpura/ leukocytoclastic vasculitis), erythema	N/A, patient first presented to the author's hospital for his/her chief complaint.	Primary Dx: Pneumococcal pneumonia with sepsis DDx: COVID, intra- abdominal infection, ANCA-associated vasculitis flare Ix: Blood/urine culture, CXR/CT- thorax, NPS for COVID, USG/CT abdomen, RFT/electrolyte, ANCA/Anti-MPO titers	Primary Dx: COVID and S pneumoniae bacteremia and renal allograft rejection DDx: Drug reaction, invasive fungal infection (aspergillosis, candidiasis, Cryptococcus, Mucormycosis), bacterial skin infection, vasculitis flare	N	Y	5 [5]	11 [5 + (3x2)]	Y

		urine Legionella antigen test, NPS and sputum for respiratory virus panel/ atypical bacteria (mycoplasma/chlamy dia/legionella), coagulation profile, consult microbiologist/dermat ologist	multiforme			and culture, fungal markers, repeat imaging, blood culture					
Rheumatology											
	rimary Dx:	Primary Dx: Disseminated TB	Primary Dx: Epididymitis/or	Primary Dx: Disseminated	Primary Dx: Disseminated TB	Primary Dx: Epididymo-	N	N	7	7	Y
	odosa	Disseminated 1B	chitis	TB	Dissemilated 1B	orchitis			[5+2]	[4+3]	
Testicular Palli		DDx: Atypical pneumonia, IE, SLE,	DDx:	DDx:	DDx: Epididymitis/orchiti	DDx: Systemic					
	x: Testicular iopsy	vasculitis	Diverticulitis, infective arthritis, intra-	Epididymitis/or chitis, intra-abdominal	s, intra-abdominal abscess, infectious arthritis/osteomyelit	inflammatory/aut oimmune disorder (such as SLE),					
		Ix: Mycobacterial workup (AFB smear, culture, IGRA,	abdominal abscess, pyelonephritis,	abscess, infectious arthritis/osteom	is, endocarditis	atypical infections (STD/ enteric bacteria/					
		tuberculin skin test), blood culture, autoimmune workup,	endocarditis, Lyme disease	yelitis, endocarditis	Ix: CBC/LFT/CRP/ES R/HBV markers,	TB/fungus/viral), malignancy					
		pleural fluid workup, CT-guided biopsy, ophthalmologic		Ix: CBC/LFT/CRP/	CXR/CT-thorax, USG/CT abdomen, testicular USG,	Ix: Blood/urine culture, scrotal					
		evaluation, consult rheumatologist, PET- CT, urine culture		ESR/HBV markers, CXR/CT-	blood/sputum culture, IGRA, echocardiography,	aspiration/culture, ESR/CRP, medication					
				thorax, USG/CT abdomen, testicular USG,	lumbar spine imaging	review, testicular biopsy if diagnosis					
				blood/sputum culture, IGRA,		remained uncertain					

echocardiograp hy

					,							
2.	. Case 39-2018: An 18-Year-Old Man with Diplopia and	Primary Dx: Primary orbital inflammation, most likely	Primary Dx: Orbital pseudotumor	Primary Dx: Did not commit	Primary Dx: Did not commit	Primary Dx: Did not commit	Primary Dx: Orbital pseudotumor	Y	Y	[(5x2) + 4]	17 [(5x2) + 4 + 3]	Y
	Proptosis of the Left Eye ⁶⁵	granulomatosis with polyangiitis, although sarcoidosis and IgG4-related	DDx: Thyroid eye, lymphoproliferative disorder, cellulitis	DDx: Orbital cellulitis, thyroid eye, orbital tumor, orbital	DDx: Orbital pseudotumor, thyroid eye, IgG4-related disease	DDx: Orbital pseudotumor, thyroid eye, IgG4- related disease	DDx: IgG4- related disease, thyroid eye					
3.		disease cannot be ruled out Ix: Pathological examination of the abnormal	Ix: Orbital biopsy, CBC/ESR/CRP/ANA/ RF, MRI orbit, TFT test, consult ophthalmologist/rheu matologist	pseudotumor, cavernous sinus thrombosis	Ix: MRI orbit, IgG4 level, TFT/thyroid antibodies, orbital biopsy	Ix: MRI orbit, IgG4 level, TFT/thyroid antibodies, orbital biopsy	Ix: IgG4 level, TFT/anti-thyroid antibody, orbital biopsy					
		tissue										
3.	A 44-Year-Old Man with Joint Pain, Weight	Primary Dx: SLE	Primary Dx: SLE with cardiac involvement	Primary Dx: RA	Primary Dx: IE DDx: TB, RA,	Primary Dx: Pericarditis with pericardial effusion	Primary Dx: Pericarditis with cardiac tamponade, most	N	Y	19 [(5x2) +4 + 3 + 2]	16 [5 + (4x2) +	Y
	Loss, and Chest Pain ⁶⁶	Ix: ANAs, anti- dsDNA antibodies, and complement levels, urine protein level	DDx: RA, infectious pericarditis, malignancy, TB	DDx: SLE, infective endocarditis, tuberculosis, Lyme disease, vasculitis	Ix: Blood culture/CBC/ES R/CRP, CXR/	DDx: TB, SLE, RA, infective endocarditis	likely infectious pericarditis (bacterial including MTB, viral, fungal, parasitic)				3]	
		and examination of urinary sediment, a direct Coombs' test, anti- phospholipid antibodies,	serology, echocardiography, tissue biopsy if diagnosis remain uncertain		echocardiograp hy, autoimmune serology for RA/SLE, HIV testing, IGRA/Tuberculi n skin test	Ix: Echocardiography, CBC/ESR/CRP/LF T/RFT/electrolyte, autoimmune markers for SLE/RA, infection disease testing	DDx: Connective tissue disease (SLE/RA/mixed connective tissue disease), malignancy-					

		examination of the pericardial fluid for acid- fast bacilli and a lymph node biopsy should be performed.				(HIV/Quantiferon- TB Gold test/blood culture), CT-thorax, pericardiocentesis	related pericarditis Ix: Pericardial fluid culture/PCR, blood culture, further autoimmune testing, CT-guided biopsy of LN, close monitoring and follow up					
4.	Case 38-2019: A 20-Year-Old Man with Dyspnea and Abnormalities on Chest Imaging ⁶⁷	Primary Dx: Vasculitis with alveolar hemorrhage, possibly isolated pauci- immune pulmonary capillaritis Ix: Video- assisted thoracoscopic biopsy	Primary Dx: Hypersensitivity pneumonia due to e- cigarette use DDx: Connective tissue disease- associated ILD, drug- induced lung injury, respiratory infection Ix: Lung function test, bronchoscopy with BAL, lung biopsy, environmental exposure assessment, consult pulmonologist	Primary Dx: Did not commit DDx: E- cigarette/vaping produce associated lung injury, asthma, pneumonia, COPD, PE, heart failure	Primary Dx: E- cigarette/vaping produce associated lung injury DDx: Chronic eosinophilic pneumonia, hypersensitivity pneumonia, atypical/resistan t pneumonia, fungal pneumonia, connective tissue disease- related lung disease Ix: Lung function test, bronchoscopy	Primary Dx: E- cigarette/vaping produce associated lung injury DDx: Chronic eosinophilic pneumonia, hypersensitivity pneumonia, fungal pneumonia, connective tissue disease-related lung disease Ix: Lung function test, bronchoscopy with BAL, lung biopsy, serology for connective tissue disease, repeat CT-	Primary Dx: E- cigarette/vaping produce associated lung injury DDx: Hypersensitivity pneumonitis, organizing pneumonia, infectious pneumonia (bacterial/viral/fu ngal), sarcoidosis, connective tissue disease-related interstitial lung disease, lymphoid interstitial pneumonia Ix: Bronchoscopy	N	N	7 [5+2]	10 [4+3+ 2+1]	Y

					with BAL, lung biopsy, serology for connective tissue disease, repeat CT- thorax	thorax	with BAL, lung function, lung biopsy if diagnosis remained uncertain					
5.	Case 14-2020: A 37-Year-Old Man with Joint Pain and Eye	Primary Dx: GPA associated with ANCA directed against	Primary Dx: Eosinophilic granulomatosis with polyangiitis	Primary Dx: Did not commit	Primary Dx: Did not commit	Primary Dx: Adult- onset Still's disease/ SLE/vasculitis	Primary Dx: Vasculitis (microscopic polyangiitis/GPA)	Y	Y	7 [4 + 3]	14 [(5x2) + 4]	Y
	Redness ⁶⁸	Ix: ANCA and skin biopsy	DDx: SLE, RA, polyarteritis nodosa Ix: Biopsy of affected organ, ANCA testing, RFT, CT/MRI scan, echocardiography	DDx: RA, psoriatic arthritis, SLE, Lyme disease, viral exanthema (such as parvovirus B19), reactive arthritis	DDx: RA, psoriatic arthritis, vasculitis, Lyme disease Ix: Serology (RF/anti-CCP/anti-dsDNA)/CRP/E SR, skin biopsy, joint aspiration, repeat Lyme disease serology	DDx: RA, psoriatic arthritis, Lyme disease, sarcoidosis, mixed connective tissue disease, inflammatory myopathy, reactive arthritis, infection-related arthritis (viral/bacterial) Ix: Metabolic panel, urinalysis, serology for SLE/connective tissue disease/vasculitis, HLA-B27, joint imaging, skin biopsy, muscle enzyme, joint aspiration	DDx: SLE, inflammatory myopathy, adultonset Still's disease, mixed connective tissue disease, RA, sarcoidosis, reactive arthritis/infection-related arthritis Ix: ANCA/C3 and C4/ cryoglobulins, skin biopsy, muscle biopsy, CXR/CT-thorax, joint aspiration					
6.	Case 33-2020: A 55-Year-Old Man with Abdominal Pain, Joint	Primary Dx: Pancreatitis, panniculitis, and polyarthritis	Primary Dx: Necrotizing pancreatitis with infected pancreatic necrosis and	Primary Dx: Shingles DDx:	Primary Dx: Sarcoidosis DDx:	Primary Dx: Sarcoidosis DDx: Infection,	Primary Dx: Sarcoidosis	N	N	0	9 [4 + 3 + 2]	Y

Chronic Kidney Disease ⁷⁰ Disease ⁷⁰ DDx: Atherosclerosis, tricuspid aortic stenosis, CKD, reexamination of the previously obtained specimens of the kidney and lacrimal gland Ix: A totimmune workup, salivary gland biopsy, renal imaging, echocardiography/car diac MRI, consult rheumatologist Chronic Kidney DDx: Atherosclerosis, and hospital for acute tubulointerstitial tubulointerstitial nephritis and arterionephroscleros is, also possible Sjogren's syndrome Sjogren's syndrome Sjogren's syndrome Sjogren's syndrome, Titis, polycystic kidney, interstitial such as polyarteritis vasculitis such as polyarteritis nodosa, autoimmune disease autoimmune disease autoimmune disease (SLE/RA), autoimmune disease (SLE/RA), Sjogren's syndrome, Sjogren's syndrome, Sjogren's syndrome, Sjogren's syndrome, Sjogren's syndrome, Sizella such as polyarteritis and arterionephrosclero osis Sjogren's syndrome Sjogren's syndrome, Such as polyarteritis and arterionephrosclero osis Sizerionephrosclero Sizerionephrosc		Swelling, and Skin Lesions ⁶⁹	syndrome Ix: Skin biopsy	associated complication DDx: DVT, superficial thrombophlebitis Ix: Blood culture, Doppler USG, pancreas imaging, pancreatic enzyme/function, consult rheumatologist	Pancreatitis, IBD, vasculitis, infection (endocarditis/di sseminated fungal infection), malignancy	Gout/pseudogou t, infectious arthritis, vasculitis (GPA/ Henoch- Schonlein purpura), autoimmune disease (RA/SLE) Ix: Joint aspiration, skin biopsy, blood culture, XR/MRI joints, ACE level	vasculitis (GPA/ Henoch-Schonlein purpura), autoimmune disease (RA/SLE), gout/pseudogout Ix: Blood/wound culture, skin biopsy, XR/MRI joints, ACE level	vasculitis (GPA/ Henoch- Schonlein purpura), autoimmune disease (RA/SLE), gout/pseudogout Ix: Blood/wound culture, skin biopsy, XR/MRI joints, ACE level				
sarcoidosis Ix: Serology for	7.	A 74-Year-Old Man with Chronic Kidney	IgG4 related disease Ix: A kidney biopsy, or reexamination of the previously obtained specimens of the kidney and	syndrome DDx: Atherosclerosis, tricuspid aortic stenosis, CKD, hypertension, kyphoscoliosis Ix: Autoimmune workup, salivary gland biopsy, renal imaging, echocardiography/cardiac MRI, consult	Diabetic nephropathy and hypertensive nephropathy DDx: Glomeruloneph ritis, polycystic kidney, interstitial nephritis, renal artery stenosis, obstructive	first presented to the author's hospital for his/her chief	Membranous nephropathy with acute tubulointerstitial nephritis and arterionephroscleros is, also possible Sjogren's syndrome DDx: Vasculitis such as polyarteritis nodosa, amyloidosis, autoimmune disease (SLE/RA), sarcoidosis	Membranous nephropathy with acute tubulointerstitial nephritis and arterionephroscler osis DDx: Sjogren's syndrome, vasculitis such as polyarteritis nodosa, amyloidosis, autoimmune disease	N	N	13 [5 + 4 + 3 + 1]	Y

						salivary gland, biopsy of affected gland/kidney, echocardiogram and CT heart	disease, cryoglobulins, RFT, MRI neck and salivary gland, biopsy of affected gland/kidney, echocardiogram and CT heart					
8	3. Case 30-2021: A 47-Year-Old	Primary Dx: Vascular	Primary Dx: Fibromuscular	Primary Dx: Did not commit	Primary Dx: Wallenberg	Primary Dx: Wallenberg	Primary Dx: Fibromuscular	N	Y	15	19	Y
	Man with Recurrent Unilateral Head	Ehlers-Danlos syndrome	dysplasia		syndrome	syndrome	dysplasia			[5 + 4 + (3x2)]	[5 + (4x2) + 3 + 2 + 1]	
	and Neck Pain ⁷	1	DDx: Polyarteritis	DDx: Tension headache,	DDx: MS, post-	DDx: Vertebral	DDx: Ehlers-					
		Ix: Check mutations in COL3A1	nodosa, Ehlers-Danlos syndrome	migraine, cluster headache, temporomandib	herpetic neuralgia, CNS vasculitis, cervical	artery dissection, cervical radiculopathy, temporomandibular	Danlos syndrome, Marfan's syndrome, Loeys- Dietz syndrome,					
			Ix: Genetic testing, vascular imaging,	ular joint dysfunction, cervical	radiculopathy, temporomandib ular joint	joint dysfunction, tension headache/migraine,	vasculitis					
			consult rheumatologist, hypercoagulability workup	radiculopathy, occipital neuralgia, sinusitis,	dysfunction	musculoskeletal strain/injury	Ix: Genetic testing for connective tissue disorders,					
				trigeminal neuralgia, dental/periodon tal issues	Ix: MRI brain with angiography, consult neurologist/micr obiologist, MS workup (MRI spine, visual evoked	Ix: MRI brain with angiography, consult neurologist, spinal imaging, blood pressure management	angiography of other vascular territory, consult rheumatologist/ge netic counselor					
					potentials/CSF							

autoimmune disease,

MRI neck and

cryoglobulins, RFT,

Ix: Serology for

autoimmune

analysis) if
suspected,
imaging studies
for cervical
spine and
temporomandib
ular joint

					for cervical spine and temporomandib ular joint							
9.	Case 37-2021: A 60-Year-Old Man with Fevers, Fatigue, Arthralgias, a Mouth Ulcer, and a Rash ⁷²	Primary Dx: Anti-MDA5 dermatomyositi s Ix: Muscle biopsy and test for antibodies directed against myositis- associated autoantigens, including MDA-5	DDx: Vasculitis (e.g. GPA, microscopic polyangiitis), infection (viral/bacterial/atypica l), RA Ix: SLE serology, RFT, consult rheumatologist	Primary Dx: SLE DDx: RA, vasculitis (GPA/microsco pic polyangiitis), infective endocarditis, Sjogren's syndrome, Behçet's disease	N/A, patient first presented to the author's hospital for his/her chief complaint.	Primary Dx: Did not commit DDx: Coccidiodoidomyco sis, SLE, vasculitis, Behçet's disease, infection Ix: Serology for coccidioides antibody/SLE autoantibody/vascul itis autoantibody, blood/throat swab culture	Primary Dx: Adult onset Still's disease DDx: SLE, inflammatory myositis, infectious etiology, vasculitis, sarcoidosis Ix: Serum IL-18/IL-6 level, serology for SLE/myositis/infections/ vasculitis, muscle biopsy, EMG, BAL/lung biopsy, ACE level, ophthalmological evaluation, consult rheumatologist/mi crobiologist/pulm onologist	N	Y	9 [5 + 4]	13 [4 + (3x2) + 2 + 1]	Y
10.	Case 2-2022: A 70-Year-Old	Primary Dx: VEXAS	Primary Dx: Relapsing	Primary Dx: Did not commit	Primary Dx: Autoimmune	Primary Dx: Autoimmune	Primary Dx: Relapsing	N	N	9	11 [5 + 4 +	N

[5 + 4 +

	Man with a Recurrent Left Pleural Effusion ⁷³	(vacuoles, E1 enzyme, X- linked, auto- inflammatory, somatic) syndrome	polychondritis DDx: GPA, RA, vasculitis	DDx: Heart failure, pneumonia, malignancy, PE, TB, autoimmune	disease (relapsing polychondritis or other autoimmune conditions)	disease (relapsing polychondritis or other autoimmune conditions) DDx: Malignancy,	polychondritis DDx: Polymyalgia rheumatic, drug- induced lupus/			[5+4]	2]	
		Ix: Bone marrow biopsy	Ix: Autoimmune serology, MRI joint/blood vessels, biopsy of affected organ, consult rheumatologist	disease (SLE/RA), CKD, cirrhosis	DDx: Malignancy, infection (bacterial/viral/f ungal), PE, heart failure	infection (bacterial/viral/fung al), PE, heart failure Ix: CXR/CT-thorax, pleural fluid	pleural effusion, vasculitis, RA, SLE, sarcoidosis, infection (TB/fungal), malignancy, heart failure					
					Ix: CXR/CT-thorax, pleural fluid analysis, CBC/ESR/CRP/LFT/RFT/blood culture, echocardiograp hy, PET/biopsy if malignancy suspected, CTPA	analysis, CBC/ESR/CRP/LF T/RFT/blood culture, echocardiography, PET/biopsy if malignancy suspected, CTPA	Ix: Serology for SLE/vasculitis, serum ACE/interleukin-2 receptor level, serum protein electrophoresis/im munofixation, IGRA, thoracocentesis, PET/MRI, bronchoscopy with BAL					
11.	Case 12-2022: A 41-Year-Old	Primary Dx: SLE with non-	Primary Dx: IE	Primary Dx: IE	Primary Dx: IE	Primary Dx: IE	Primary Dx: IE	N	Y	13	13	Y
	Woman with Transient Ischemic Attack and Mitral Valve Masses ⁷⁴	bacterial thrombotic endocarditis Ix: Review of the auto-	DDx: SLE, anti- phospholipid syndrome	DDx: Mitral valve prolapse with thrombus, cardiac myxoma, non- bacterial thrombotic	DDx: Mitral valve prolapse with thrombus, cardiac myxoma, non- bacterial thrombotic	DDx: Mitral valve prolapse with thrombus, cardiac myxoma, non- bacterial thrombotic endocarditis (associated with	DDx: Non- bacterial thrombotic endocarditis, anti- phospholipid syndrome, rheumatic heart			[5 + (4x2)]	[5 + (4x2)]	

		antibodies panel	echocardiography, serology for endocarditis pathogens, CBC, autoimmune/ hypercoagulability workup, CXR/CT- thorax, consult microbiologist/cardiol ogist	endocarditis, rheumatic heart disease	endocarditis (associated with malignancy/aut oimmune condition/hyper coagulable states), rheumatic heart disease Ix: Blood culture, echocardiograp hy, CBC/CRP/ESR, CT/MRI brain, coagulation study, autoimmune workup	malignancy/autoim mune condition/hypercoag ulable states), antiphospholipid syndrome, rheumatic heart disease Ix: Blood culture, echocardiography, CBC/CRP/ESR, CT/MRI brain, coagulation study and antiphospholipid testing, autoimmune workup	Ix: Blood culture, echocardiography, CBC/CRP/ESR/c oagulation studies with antiphospholipid antibody testing, autoimmune workup, pelvic USG					
12.	Case 28-2022: A 59-Year-Old Man with Headache and	Primary Dx: GPA	Primary Dx: IgG4- related disease	Primary Dx: Did not commit	Primary Dx: GCA	Primary Dx: IgG4- related disease	Primary Dx: IgG4-related disease	N	Y	15 [5 + 4 + (3x2)]	15 [5 + 4 + (3x2)]	Y
	Progressive Neurologic Dysfunction ⁷⁵	Ix: Temporal artery biopsy	DDx: GCA, GPA, lymphoma Ix: MRI/CT brain/spine, LP, biopsy of involved organ, autoantibody testing	DDx: GCA, stroke, brain tumor, meningitis, MS, neurodegenerati ve diseases (Parkinson's disease/Alzhei mer's disease), primary/second ary headache	DDx: Cerebral vasculitis, meningitis/ence phalitis, secondary headache (sinusitis/inflam mation), stroke Ix: MRI brain, CSF analysis, angiography, temporal artery	DDx: GCA, GPA, CNS lymphoma, neurosarcoidosis Ix: IgG4 level, CT/MRI/USG of thorax/abdomen/pel vis, biopsy of affected organ, CSF analysis	DDx: GCA, GPA, neurosarcoidosis, CNS lymphoma, infection (TB/fungal/bacter ial) Ix: IgG4 level, CT/MRI/USG of thorax/abdomen/p elvis, biopsy of affected organ,					

				biopsy		CSF analysis					
13. Case 9-2023: A 20-Year-Old Man with	Primary Dx: SLE	Primary Dx: PE	Primary Dx: Did not commit. PE,	Primary Dx: Pneumonia	Primary Dx: PE	Primary Dx: PE	N	Y	0	5 [3 + 2]	Y
Shortness of Breath and Proteinuria ⁷⁶	Ix: Renal biopsy with immunofluores cence staining	DDx: Pulmonary infarction, pneumonia, pulmonary contusion Ix: D-dimer, V/Q scan, Doppler for lower extremity, echocardiography	pneumonia, TB are more common and concerning etiologies that need to be rule out DDx: Bronchiectasis, lung cancer, anticoagulant use, Goodpasture's syndrome	DDx: TB, PE, lung abscess, fungal pneumonia, drug-induced lung injury Ix: CXR/CT-thorax, sputum/blood culture, TB testing, fungal testing, D-dimer, CTPA	DDx: pneumonia, lung infarction, vasculitis, endocarditis, drug-induced lung injury Ix: blood culture, echocardiography, autoimmune serology, Doppler of lower extremities, V/Q scan	DDx: Pneumonia, lung infarction, vasculitis (primary vasculitis such as GPA, infection-related such as viral/TB, autoimmune such as SLE, paraneoplastic, drug-induced, cryoglobulinemia), endocarditis, drug-induced lung injury					
						Ix: Blood culture, echocardiography, autoimmune serology, Doppler of lower extremities, V/Q scan					
Drug reaction											
1. Case 26-2018: A 48-Year-Old Man	Primary Dx: DRESS	Primary Dx: DRESS	Primary Dx: Did not commit	Primary Dx: DRESS	Primary Dx: DRESS	Primary Dx: DRESS	Y	Y	17	17	Y
with Fever, Chills,	(suspected analgesic medications;	DDx: Viral infection,		DIESS	21000	211255			[(5x2) + 4 + 3]	[(5x2)+ 4+3]	
Myalgias, and Rash ⁷⁷	medications; reactivation of HHV6	autoimmune disorder, hematologic	DDx: Viral infection, bacterial	DDx: Viral/bacterial/p arasitic	DDx: Viral/bacterial/paras itic infections,	DDx: Autoimmune/infla mmatory					

		Ix: RT-PCR blood for HHV6	Ix: Skin biopsy, patch testing, drug review, lymphocyte transformation test, imaging study for organ involvement	parasitic infection, autoimmune/inf lammatory conditions (lupus/vasculiti s), drug reactions	autoimmune/inf lammatory conditions (lupus/vasculitis) Ix: CBC/LFT/RFT, skin biopsy, drug review, serology for autoimmunity	matory conditions (lupus/vasculitis), SJS/TEN Ix: CBC/LFT/RFT, skin biopsy, drug review, serology for autoimmunity, viral serology/PCR	infection, bacterial infections, parasitic infections, hematological malignancies Ix: Skin biopsy, drug review, serology for infection/autoimm une conditions, viral serology/PCR, bone marrow biopsy, imaging study to evaluate organ involvement					
2.	Case 13-2019: A 54-Year-Old Man with Alcohol Withdrawal and Altered Mental Status ⁷⁸	Primary Dx: Isopropanol ingestion with possible co- ingestion of benzoic acid (mouthwash) Ix: Patient admitted consumed hand sanitizer	Primary Dx: Upper GI bleed DDx: Esophageal varices, alcoholic gastritis/peptic ulcer disease, Mallory-Weiss tear, GI malignancy Ix: OGD, CBC/coagulation profile/LFT, USG/CT abdomen	Primary Dx: Alcohol withdrawal syndrome DDx: Wernicke's encephalopathy, hepatic encephalopathy, meningitis/ence phalitis, electrolyte imbalance, head trauma, metabolic/endo	Primary Dx: Alcohol withdrawal syndrome DDx: Wernicke's encephalopathy, delirium tremens, seizure, electrolyte imbalance, meningitis/ence phalitis/pneumo nia,	Primary Dx: Alcohol withdrawal syndrome DDx: Wernicke's encephalopathy, delirium tremens, seizure, electrolyte imbalance, meningitis/encephal itis/pneumonia, metabolic/endocrine dysfunction, drug reaction, bowel obstruction	Primary Dx: Alcohol withdrawal syndrome with possible complications such as Wernicke's encephalopathy or gastrointestinal bleeding. DDx: Delirium, seizure, infection, metabolic	N	N	0	0	N

autoimmune/inflam condition, viral

infection,

infections,

malignancy

				crine disorder	Ix: CBC/metabolic panel/LFT, thiamine level, blood alcohol level, blood culture, EEG, CXR, MRI/CT brain	Ix: CBC/metabolic panel/LFT, thiamine level, blood alcohol level, blood culture, EEG, CXR, MRI/CT brain, abdominal XR/CT	Ix: CBC/metabolic panel/coagulation profile, OGD, vitamin B1 level, blood/urine culture, continuous EEG					
3.	Case 4-2020: A 52-Year-Old Woman with Seizure Disorder and Wide-Complex Tachycardia ⁷⁹	Primary Dx: Anti-epileptic toxicity Ix: Not applicable as patient passed away	Primary Dx: Takotsubo cardiomyopathy DDx: Arrhythmia- induced cardiomyopathy, acute myocardial infarction, other causes of ventricular dysfunction (virus/toxic- metabolic/infiltrative) Ix: cardiac enzyme, coronary angiography, echocardiography, cardiac MRI, ECG monitoring, metabolic panel	Primary Dx: Ventricular tachycardia DDx: Supraventricula r tachycardia, pre-excited tachycardia, tachycardia with paced rhythm ,electrol yte disturbance	N/A, patient first presented to the author's hospital for his/her chief complaint.	Primary Dx: Ventricular tachycardia DDx: supraventricular tachycardia, drug- induced wide complex tachycardia, electrolyte disturbance Ix: ECG, CBC/LFT/RFT/drug level/electrolyte, echocardiography, cardiac MRI, electrophysiology study	Primary Dx: Drug-induced myocardial dysfunction and ECG changes (propofol/phenyto in/fluoxetine/nortr iptyline/electrolyt e disturbance secondary to oxcarbazepine/lac osamide) DDx: Electrolyte disturbance, Takotsubo cardiomyopathy, myocarditis, ischemic heart Ix: ECG, CBC/LFT/RFT/ca rdiac enzyme/electrolyt	Y	Y	0	10 [(5x2)]	Y

e/coagulation profile, echocardiography, cardiac MRI, coronary angiography

4.	Case 9-2020: A 64-Year-Old Man with Shortness of Breath, Cough, and Hypoxemia ⁸⁰	Primary Dx: Pneumonitis induced by immune checkpoint inhibitor therapy (autopsy: also with Aspergillus infection) Ix: Not for further immune check-point inhibitor therapy and high dose steroids were used	Primary Dx: Metastatic melanoma DDx: Drug-induced lung toxicity, pulmonary infection Ix: Bronchoscopy with BAL, lung function test, consult pulmonologist	Primary Dx: Pneumonia DDx: PE, malignant pleural effusion, lung metastasis, influenza	N/A, patient first presented to the author's hospital for his/her chief complaint.	Primary Dx: Immune-related pneumonitis DDx: Pneumonia, PE, malignant pleural effusion Ix: CXR/CT-thorax, CBC/ESR/CRP, sputum culture, ABG, D-dimer, CTPA	Primary dx: Immune-related pneumonitis DDx: Pneumonia, ILD, pulmonary edema Ix: Bronchoscopy with BAL, lung biopsy, procalcitonin	Y	Y	13 [5 + (4x2)]	12 [(5x2) + 2]	Y
5.	Case 32-2022: A 76-Year-Old Man with Postoperative Cardiogenic Shock and	Primary Dx: DRESS complicated by hypersensitivity myocarditis (due to	Primary Dx: DRESS syndrome DDx: Acute interstitial nephritis,	Primary Dx: did not commit DDx: Post-operative	N/A, patient first presented to the author's hospital for his/her chief complaint.	Primary Dx: did not commit DDx: Prosthetic valve	Primary dx: DRESS syndrome DDx: Allergic reaction, sepsis,	Y	Y	13 [(5x2) + 3]	10 [(5x2)]	Y

Diffuse Rash ⁸¹	oxacillin) Ix: HHV-6 DNA levels	hypersensitivity myocarditis, infective endocarditis Ix: Skin biopsy, echocardiography, renal biopsy, cardiac MRI, drug hypersensitivity test	infection, drug reaction, vasoplegic syndrome, acute heart failure, post- pericardiotomy syndrome	dysfunction/functio n, ventricular arrhythmia due to post-operative complication/electro lyte imbalance, vasoplegia syndrome, drug- induced rash, acute kidney injury secondary to cardiogenic shock/nephrotoxic medication Ix: blood culture,	viral exanthema, vasculitis, autoimmune/conn ective tissue disorder Ix: Skin biopsy, ESR/CRP, serology for autoimmune/conn ective tissue disorders, viral serology (e.g. EBV/CMV), blood/urine culture, drug
				echocardiography, CBC/electrolyte/LF	review
				T/RFT/coagulation profile, skin biopsy, consult dermatology	
$N - N_0 \cdot V - V_0$	C.				

N=No; Y=Yes

ABG=arterial blood gas; ABPA= allergic bronchopulmonary aspergillosis; ACE = angiotensin-converting enzyme; AFB = acid-fast bacilli; AIDS= acquired immunodeficiency syndrome; ANA= antinuclear antibodies; ANCA=anti-neutrophil cytoplasmic antibodies; ARDS= acute respiratory distress syndrome; BAL= bronchoalveolar lavage; BNP=brain natriuretic peptide; CA=cancer; CANVAS = Cerebellar ataxia, neuropathy, and vestibular areflexia syndrome; CASPR2=Contactin-associated protein-like 2; CBC=complete blood count; CC=chief complaint; CIDP=chronic inflammatory demyelinating polyneuropathy; CJD=Creutzfeldt-Jakob disease; CLN=colonoscopy; CK=creatine kinase; CMV=cytomegalovirus; CNS =central nervous system;

COL5A1, 5A2, 3A1 = Collagen Type V Alpha 1 Chain, alpha2 chain and Type III alpha 1 chain; COPD = chronic obstructive pulmonary disease; COVID= Coronavirus disease 2019; CRP = C-reactive protein; CSF = cerebrospinal fluid; CT = computer tomography; CTPA = computer tomography of pulmonary angiography; CXR = chest X-ray; DIC = disseminated intravascular coagulopathy; dsDNA=double stranded DNA; Dx= diagnosis; DDx= differential diagnosis; DM – diabetes mellitus; DRESS = drug reaction with eosinophilia and systemic symptoms; DVT =deep vein thrombosis; EBV= Ebstein-Barr virus; ECG – electrocardiography; EEG =electroencephalography; EMG = electromyogram; ENA=extractable nuclear antigen; ESR= erythrocyte sedimentation rate; DNA – deoxyribonucleic acid; ECT=electroconvulsive therapy; EEG =electroencephalogram; EMG =electromyogram; ESR = erythrocyte sedimentation rate; GABA =Gamma-aminobutyric acid; GBS = Guillain-Barré Syndrome; GCA = giant cell arteritis; GERD = gastroesophageal reflux disease; GI = Gastrointestinal tract; GN = glomerulonephritis; GPA = granulomatous with polyangiitis; GVHD = graft-verus-host disease; HAV= Hepatitis A virus; HBc = anti-hepatitis B core antibody; HBeAg = Hepatitis B virus e antigen; HBsAg=Hepatitis B virus surface antigen; HBV = Hepatitis B virus; HCV = Hepatitis C virus; HHV-6 = human herpes virus 6; HIV = Human Immunodeficiency Virus; HMBS = hydroxymethylbilane synthase; HRCT = high resolution computer tomography; HSV = Human simplex virus; HUS = hemolytic uremic syndrome; Hx = history; MDA5 = melanoma differentiation-associated gene-5; IBD = inflammatory bowel disease; IBS = irritable bowel syndrome; IGRA = interferon- γ release assay; IE = infective endocarditis; ITP = immune thrombocytopenia; Ix = investigation; LFT = liver function test; LN = lymph node; LP = lumbar puncture; MAC – Mycobacterium avium complex; MDA – myelodysplastic syndrome; MCI = mild cognitive impairment; MI = myocardial infarction; MND = motor neuron disease; MR = magnetic resonance; MRI = magnetic resonance imaging; MS = multiple sclerosis; MSA =

multiple system atrophy; N/A = not applicable; NCV = nerve conduction study; NH3 = ammonia; NPH = normal pressure hydrocephalus; NPS = nasopharyngeal swab; OGD = esophagoduodenoscopy; OSA = obstructive sleep apnea; PCR = polymerase chain reaction; PE = pulmonary embolism; PET = positron emission computed tomography; PJP = *Pneumocystis jirovecii*; PRNP = prion protein; PSG = polysomnography; PTSD = post-traumatic stress disorder; RA = rheumatoid arthritis; REM = rapid eye movement; RF = rheumatoid factor; RFC = replication factor C subunit 1; RFT = renal function test; RNA = ribonucleic acid; RT-PCR = reverse transcription polymerase chain reaction; RT-QuIC = real-time quaking-induced conversion; Rx= treatment; SCA = spinocerebellar ataxia; SLE = systemic lupus erythematosus; SMAD3 = Mothers against decapentaplegic homolog 3; STD = sexually-transmitted disease; TB = tuberculosis; TGFB2 & 3 = transforming growth factor beta-2 & 3; TGFBR1 & 2 = Transforming Growth Factor Beta Receptor 1 & 2; TFT = thyroid function test; TIA = transient ischemic attack; TTP = thrombotic thrombocytopenia; USG = ultrasound; UTI = urinary tract infection; VFSS = video fluoroscopic swallowing study; VZV = Varicella-zoster virus

1.3. Supplementary Table 2 Contingency Tables Analyses

	Primary Dx correct	Primary Dx incorrect	
Cognitive impairment (n=13)	4 (30.77%)	9 (69.23%)	
Non-cognitive impairment (n=68)	27 (39.71%)	41 (60.29%)	
0.75701 F'1 ' F ' T '			

p = 0.7570 by Fisher's Exact Test

	DDx included	DDx not included
Cognitive impairment (n=13)	6 (46.15%)	7 (53.85%)
Non-cognitive impairment (n=68)	52 (76.47%)	16 (23.53%)
0.0000 land Clair Claire Trans		

p = 0.0263 by Chi-Square Test

	Ix able to reach Dx	Ix unable to reach Dx	
Cognitive impairment (n=13)	10 (76.92%)	3 (23.08%)	
Non-cognitive impairment (n=68)	58 (85.29%)	10 (14.71%)	
0.40001 E'1 1 E 4 E 4			

p = 0.4293 by Fisher's Exact Test

	Primary Dx correct	Primary Dx incorrect
Infectious disease (n=50)	21 (42%)	29 (58%)
Non-infectious disease (n=31)	10 (32.26%)	21 (67.74%)

p = 0.0787 by Chi-Square Test

	DDx included	DDx not included	
Infectious disease (n=50)	40 (80%)	10 (20%)	
Non-infectious disease (n=31)	18 (58.06%)	13 (41.94%)	

p = 0.0333 by Chi-Square Test

	Ix able to reach Dx	Ix unable to reach Dx	
Infectious disease (n=50)	42 (84%)	8 (16%)	
Non-infectious disease (n=31)	26 (83.87%)	5 (16.13%)	
n > 0.000 by Figher's Exact Test			

p > 0.999 by Fisher's Exact Test

	Primary Dx correct	Primary Dx incorrect	
Rheumatology (n=13)	2 (15.38%)	11 (84.62%)	
Non-rheumatology (n=68)	29 (42.65%)	39 (57.35%)	
0 1167 by Eighan's Errort Toot			

p = 0.1167 by Fisher's Exact Test

	DDx included	DDx not included
Rheumatology (n=13)	8 (61.54%)	5 (38.46%)
Non-rheumatology (n=68)	50 (73.53%)	18 (26.47%)
0.500.61 71.1 4 7 7		

p = 0.5026 by Fisher's Exact Test

	Ix able to reach Dx	Ix unable to reach Dx	
Rheumatology (n=13)	12 (92.31%)	1 (7.69%)	
Non-rheumatology (n=68)	56 (82.35%)	12 (17.65%)	
0.60101 E.1 1 E. 4 E. 4			

p = 0.6819 by Fisher's Exact Test

	Primary Dx correct	Primary Dx incorrect
Drug reactions (n=5)	4 (80%)	1 (20%)
Non-drug reactions (n=76)	27 (35.53%)	49 (64.47%)

p = 0.068 by Fisher's Exact Test

	DDx included	DDx not included	
Drug reactions (n=5)	4 (80%)	1 (20%)	
Non-drug reactions (n=76)	54 (71.05%)	22 (28.95%)	

p > 0.999 by Fisher's Exact Test

	Ix able to reach Dx	Ix unable to reach Dx	
Drug reactions (n=5)	4 (80%)	1 (20%)	
Non-drug reactions (n=76)	64 (84.21%)	12 (15.79%)	

p > 0.999 by Fisher's Exact Test

Dx= diagnosis; DDx= differential diagnoses; Ix= investigation

References:

- 1. Taylor JB, Prager LM, Quijije NV, Schaefer PW. Case 21-2018: a 61-year-old man with grandiosity, impulsivity, and decreased sleep. *N Engl J Med* 2018;**379**:182-9.
- 2. Roohi J, Roohi F. Case 5-2019: a woman with delusional thinking and paresthesia of the right hand. *N Engl J Med* 2019;**380**:2081-2.
- 3. Chwalisz BK, Buchbinder BR, Schmahmann JD, Samore WR. Case 32-2019: a 70-year-old woman with rapidly progressive ataxia. *N Engl J Med* 2019;**381**:1569-78.
- 4. Caplan DN, Rapalino O, Karaa A, Rosovsky RP, Uljon S. Case 35-2020: a 59-year-old woman with type 1 diabetes mellitus and obtundation. *N Engl J Med* 2020;**383**:1974-83.
- 5. Marouf F, Glover M, Wininger B, Curry WT. Case 10-2021: a 70-year-old man with depressed mood, unsteady gait, and urinary incontinence. *N Engl J Med* 2021;**384**:1350-8.
- 6. Kontos N, Parsons MW, Biffi A, Gonzalez RG. Case 19-2021: a 54-year-old man with irritability, confusion, and odd Behaviors. *N Engl J Med* 2021;**384**:2438-45.
- 7. Khurana V, de Gusmao CM, Glover M, Helgager J. Case 20-2021: a 69-year-old man with ataxia. *N Engl J Med* 2021;**385**:165-75.
- 8. Willett LL, Bromberg GK, Chung R, Leaf RK, Goldman RH, Dickey AK. Case 38-2021: a 76-year-old woman with abdominal pain, weight loss, and memory impairment. *N Engl J Med* 2021;**385**:2378-88.
- 9. Videnovic A, Babu S, Zhao B, Reda HM, Linnoila JJ. Case 1-2022: a 67-year-old man with motor neuron disease and odd behaviors during sleep. N Engl J Med 2022;**386**:173-80.
- 10. Stephen CD, Schaefer PW, Appleby BS, Oakley DH. Case 5-2022: a 65-year-old woman with rapidly progressive weakness in the right arm and recurrent falls. *N Engl J Med* 2022;**386**:674-87.

- 11. Forst DA, Restrepo JA, Gonzalez RG, Jones PS, Marshall MS. Case 7-2022: a 65-year-old woman with depression, recurrent falls, and inability to care for herself. *N Engl J Med* 2022;**386**:977-86.
- 12. Venna N, Schaefer PW, Miloslavsky EM. Case 27-2022: a 32-year-old man with confusion, headache, and fever. N Engl J Med 2022;387:925-33.
- 13. Fricchione GL, Paul AB, Chemali Z, Kritzer MD. Case 34-2022: a 57-year-old woman with Covid-19 and delusions. *N Engl J Med* 2022;**387**:1795-803.
- 14. Paras ML, Hyle EP, Foreman RK, Coffey KC. Case 14-2018: a 68-year-old woman with a rash, hyponatremia, and uveitis. *N Engl J Med* 2018;**378**:1825-33.
- 15. Kobayashi KJ, Weil AA, Branda JA. Case 16-2018: a 45-year-old man with fever, thrombocytopenia, and elevated aminotransferase levels. *N Engl J Med* 2018;**378**:2023-9.
- 16. Rubin AK, Burk KS, Staller K, Kunitake H, Robbins GK, Deshpande V. Case 30-2018: a 66-year-old woman with chronic abdominal pain. *N Engl J Med* 2018;**379**:1263-72.
- 17. Reda HM, Harvey HB, Venna N, Branda JA. Case 34-2018: a 58-year-old woman with paresthesia and weakness of the left foot and abdominal wall. *N Engl J Med* 2018;**379**:1862-8.
- 18. Chen ST, Cahalane AM, Ryan ET, Foreman RK. Case 2-2019: a 36-year-old man with rash, abdominal pain, and lymphadenopathy. *N Engl J Med* 2019;**380**:275-83.
- 19. Zachary KC, LaRocque RC, Gonzalez RG, Branda JA. Case 3-2019: a 70-year-old woman with fever, headache, and progressive encephalopathy. N Engl J Med 2019;380:380-7.
- 20. Rosenbaum JT, Rifkin LM, Buch KA, Barshak MB, Hoang MP. Case 8-2019: a 58-year-old woman with vision loss, headaches, and oral ulcers. *N Engl J Med* 2019;**380**:1062-71.
- 21. Schaefer EA, Anderson MA, Kim AY, Sfeir MM. Case 15-2019: a 55-year-old man with jaundice. N Engl J Med 2019;380:1955-63.

- 22. Simmons RP, Dudzinski DM, Shepard JO, Hurtado RM, Coffey KC. Case 16-2019: a 53-year-old man with cough and eosinophilia. *N Engl J Med* 2019;**380**:2052-9.
- 23. Khalili H, O'Shea A, Robbins GK, Zukerberg LR. Case 19-2019: a 38-year-old woman with abdominal pain and fever. *N Engl J Med* 2019;**380**:2461-70.
- 24. Ison MG, Lebeis TA, Barros N, Lewis GD, Massoth LR. Case 20-2019: a 52-year-old woman with fever and rash after heart transplantation. *N Engl J Med* 2019;**380**:2564-73.
- Tunkel AR, Baron EL, Buch KA, Marty FM, Martinez-Lage M. Case 31-2019: a 45-year-old woman with headache and somnolence. *N Engl J Med* 2019;**381**:1459-70.
- 26. Saag M, Mendoza DP, Sherman MS, Cote GM, Shih AR. Case 36-2019: a 34-year-old man with dyspnea, odynophagia, and abdominal pain. *N Engl J Med* 2019;**381**:2052-61.
- 27. Stone GS, Glover M, Jilg N, Sfeir MM. Case 40-2019: a 26-year-old returning traveler with headache. N Engl J Med 2019;381:2553-60.
- 28. Azar MM, Muse VV, Villalba JA, Turbett SE. Case 2-2020: a 64-year-old man with fever and respiratory failure. N Engl J Med 2020;382:276-85.
- 29. Lowe RC, Chu JN, Pierce TT, Weil AA, Branda JA. Case 3-2020: a 44-year-old man with weight loss, diarrhea, and abdominal pain. *N Engl J Med* 2020;**382**:365-74.
- 30. Sykes DB, Zhang EW, Karp Leaf RS, Nardi V, Turbett SE. Case 10-2020: an 83-year-old man with pancytopenia and acute renal failure. *N Engl J Med* 2020;**382**:1258-66.
- 31. Berns JS, Rapalino O, Fenves AZ, El Khoury JB, Klepeis VE, Anahtar MN. Case 11-2020: a 37-year-old man with facial droop, dysarthria, and kidney failure. *N Engl J Med* 2020;**382**:1457-66.
- 32. Barros N, McDermott S, Wong AK, Turbett SE. Case 12-2020: a 24-year-old man with fever, cough, and dyspnea. *N Engl J Med* 2020;**382**:1544-53.

- 33. Armstrong KA, Cohen JV, Shepard JO, Folch EE, Mansour MK, Stefely JA. Case 16-2020: a 47-year-old woman with recurrent melanoma and pulmonary nodules. *N Engl J Med* 2020;**382**:2034-43.
- 34. Kazi DS, Martin LM, Litmanovich D, Pinto DS, Clerkin KJ, Zimetbaum PJ, et al. Case 18-2020: a 73-year-old man with hypoxemic respiratory failure and cardiac dysfunction. *N Engl J Med* 2020;**382**:2354-64.
- 35. Sharma A, Eisen JE, Shepard JO, Bernheim A, Little BP. Case 25-2020: a 47-year-old woman with a lung mass. *N Engl J Med* 2020;**383**:665-74.
- 36. Gottlieb GS, Rosenberg JM, Gonzalez RG, Gandhi RT. Case 27-2020: a 53-year-old woman with headache and gait imbalance. *N Engl J Med* 2020;**383**:859-66.
- 37. Mansour MK, Smibert OC, Kambadakone A, Sfeir MM. Case 31-2020: a 48-year-old man with lymphoma and abdominal pain. *N Engl J Med* 2020;**383**:1469-77.
- 38. Mukerji SS, Ard KL, Schaefer PW, Branda JA. Case 32-2020: a 63-year-old man with confusion, fatigue, and garbled speech. *N Engl J Med* 2020;**383**:1578-86.
- 39. Armand P, Heeger AP, Kanjilal S, Krystel-Whittemore M. Case 37-2020: a 35-year-old man with lymphadenopathy and petechiae. *N Engl J Med* 2020;**383**:2159-9.
- 40. Heller HM, Gonzalez RG, Edlow BL, Ard KL, Gogakos T. Case 40-2020: a 24-year-old man with headache and Covid-19. *N Engl J Med* 2020;**383**:2572-80.
- 41. Bebell LM, Gonzalez RG, Barczak AK, Anahtar MN. Case 1-2021: a 76-year-old woman with lethargy and altered mental status. *N Engl J Med* 2021;**384**:166-76.
- 42. Hellmann DB, Shepard JO, Schaefer PW, Johnson JH, Crotty RK. Case 5-2021: a 68-year-old man with delirium and renal insufficiency. *N Engl J Med* 2021;**384**:651-62.
- 43. Bendapudi PK, Whalen MJ, Lahoud-Rahme M, Villalba JA. Case 7-2021: a 19-year-old man with shock, multiple organ failure, and rash. N Engl J

- Med 2021;384:953-63.
- 44. Charles RC, Sertic M, Neilan AM, Sohani AR. Case 11-2021: a 39-year-old woman with fever, flank pain, and inguinal lymphadenopathy. *N Engl J Med* 2021;**384**:1448-56.
- 45. Yoon MK, Kelly HR, Freitag SK, Marneros AG, Barshak MB, Brackett DG. Case 12-2021: a 78-year-old man with a rash on the scalp and face. *N Engl J Med* 2021;**384**:1553-62.
- 46. Gibbons MD, Mendoza DP, Waheed A, Barshak MB, Villalba JA. Case 14-2021: a 64-year-old woman with fever and pancytopenia. *N Engl J Med* 2021;**384**:1849-57.
- 47. Dua A, Sutphin PD, Siedner MJ, Moran J. Case 16-2021: a 37-year-old woman with abdominal pain and aortic dilatation. *N Engl J Med* 2021;**384**:2054-63.
- 48. Hibbert KA, Goiffon RJ, Fogerty AE. Case 18-2021: an 81-year-old man with cough, fever, and shortness of breath. *N Engl J Med* 2021;**384**:2332-40.
- 49. Ciaranello AL, Tran KM, Audin CR, Anahtar MN. Case 21-2021: a 33-year-old pregnant woman with fever, abdominal pain, and headache. *N Engl J Med* 2021;**385**:265-74.
- 50. Smibert OC, Catalano OA, Goodarzi K, Roberts MB. Case 23-2021: a 41-year-old woman with bloody stools and thrombocytopenia. *N Engl J Med* 2021;**385**:451-60.
- 51. Goldstein RH, Mehan WA, Hutchison B, Robbins GK. Case 24-2021: a 63-year-old woman with fever, sore throat, and confusion. *N Engl J Med* 2021;**385**:641-8.
- 52. Hock H, Kelly HR, Meyerowitz EA, Frigault MJ, Massoth LR. Case 31-2021: a 21-year-old man with sore throat, epistaxis, and oropharyngeal petechiae. *N Engl J Med* 2021;**385**:1511-20.
- 53. Cole AJ, Slutzman JE, Ryan ET, Lev MH, Eng G. Case 34-2021: a 38-year-old man with altered mental status and new onset of seizures. N Engl J

- *Med* 2021;**385**:1894-902.
- 54. Chapman MM, Muse VV, Mojica JE, Anahtar MN. Case 35-2021: a 50-year-old woman with pain in the left upper quadrant and hypoxemia. *N Engl J Med* 2021;**385**:1995-2001.
- 55. Winston LG, Winkler ML, Kheterpal A, Villalba JA. Case 36-2021: a 22-year-old man with pain and erythema of the left hand. *N Engl J Med* 2021;**385**:2078-86.
- 56. Harris JP, Ciaranello AL, Tabb ES. Case 4-2022: A 55-year-old man with bilateral hearing loss and eye redness. *N Engl J Med* 2022;**386**:583-90.
- 57. Vyas JM, Castle AC, Bourgouin PP, Turbett SE. Case 9-2022: a 56-year-old woman with fever, myalgias, diarrhea, and cough. *N Engl J Med* 2022;**386**:1166-74.
- 58. Paras ML, Khurshid S, Foldyna B, Huang AL, Hohmann EL, Cooper LT, et al. Case 13-2022: a 56-year-old man with myalgias, fever, and bradycardia. *N Engl J Med* 2022;**386**:1647-57.
- 59. Restrepo D, Haramati A, McCluskey SM, Branda JA. Case 22-2022: a 34-year-old woman with cavitary lung lesions. *N Engl J Med* 2022;**387**:261-9.
- 60. Marra CM, Rohatgi S, Bloom AK, Kahle KT, Haj AK. Case 25-2022: a 25-year-old woman with headache and blurred vision. *N Engl J Med* 2022;**387**:641-50.
- 61. Roberts MB, Lee J, Murphy MC, Kim AY, Coglianese EE, Hilburn C. Case 37-2022: a 55-year-old man with fatigue, weight loss, and pulmonary nodules. *N Engl J Med* 2022;**387**:2172-83.
- 62. Sampat HN, Sharma A, Nussbaum EZ. Case 5-2023: a 67-year-old man with interstitial lung disease, fever, and myalgias. *N Engl J Med* 2023;**388**:642-50.
- 63. Mansour MK, King JD, Chen ST, Fishman JA, Nazarian RM. Case 7-2023: a 70-year-old man with Covid-19, respiratory failure, and rashes. *N Engl J Med* 2023;**388**:926-37.

- 64. Sacks CA, Kilcoyne A, Wallace ZS, Glomski K. Case 20-2018: a 64-year-old man with fever, arthralgias, and testicular pain. *N Engl J Med* 2018;**378**:2518-29.
- 65. Lefebvre DR, Reinshagen KL, Yoon MK, Stone JH, Stagner AM. Case 39-2018: an 18-year-old man with diplopia and proptosis of the left eye. *N Engl J Med* 2018;**379**:2452-61.
- 66. Arvikar SL, Schoenfeld SR, Fox AS, Tanguturi VK, Stuart LD. Case 17-2019: a 44-year-old man with joint pain, weight loss, and chest pain. *N Engl J Med* 2019;**380**:2157-67.
- 67. Hallowell RW, Feldman MB, Little BP, Karp Leaf RS, Hariri LP. Case 38-2019: a 20-year-old man with dyspnea and abnormalities on chest imaging. *N Engl J Med* 2019;**381**:2353-63.
- 68. Sobrin L, Stone JH, Huang AJ, Niles JL, Nazarian RM. Case 14-2020: a 37-year-old man with joint pain and eye redness. *N Engl J Med* 2020;**382**:1750-8.
- 69. Yasuda MR, Roller LA, Fagenholz PJ, Hoang MP. Case 33-2020: a 55-year-old man with abdominal pain, joint swelling, and skin lesions. *N Engl J Med* 2020;**383**:1664-71.
- 70. Cortazar FB, Rhee EP, Gupta S, Sakhuja R, Stone JH, Colvin RB. Case 34-2020: a 74-year-old man with chronic kidney disease. *N Engl J Med* 2020;**383**:1768-78.
- 71. Lindsay ME, Dudzinski DM, Yoon BC, Jaff MR, Thakuria JV. Case 30-2021: a 47-year-old man with recurrent unilateral head and neck pain. *N Engl J Med* 2021;**385**:1317-25.
- Wallace ZS, Rodriguez K, Dau J, Bloch DB, Champion SN. Case 37-2021: a 60-year-old man with fevers, fatigue, arthralgias, a mouth ulcer, and a rash. *N Engl J Med* 2021;**385**:2282-93.
- 73. Grayson PC, Perugino CA, Dinculescu VV, Ferry JA. Case 2-2022: a 70-year-old man with a recurrent left pleural effusion. *N Engl J Med* 2022;**386**:274-83.

- 74. Matza MA, Rincon SP, Yucel E, Jorge AM, Singhal AB, Coleman CA, et al. Case 12-2022: a 41-year-old woman with transient ischemic attack and mitral valve masses. *N Engl J Med* 2022;**386**:1560-70.
- 75. Jayne D, Stone JH, Rapalino O, Stone JR. Case 28-2022: a 59-year-old man with headache and progressive neurologic dysfunction. *N Engl J Med* 2022;**387**:1022-32.
- 76. Fitzgerald SF, Victoria T, Tan W, Harris CK. Case 9-2023: a 20-year-old man with shortness of breath and proteinuria. *N Engl J Med* 2023;**388**:1127-35.
- 77. Turbett SE, Tsiaras WG, McDermott S, Eng G. Case 26-2018: a 48-year-old man with fever, chills, myalgias, and rash. *N Engl J Med* 2018;**379**:775-85.
- 78. Fenves AZ, Mojtahed A, Nisavic M, Massoth LR. Case 13-2019: a 54-year-old man with alcohol withdrawal and altered mental status. *N Engl J Med* 2019;**380**:1657-65.
- 79. Kramer DB, Mihatov N, Buch KA, Zafar SF, Ruskin JN. Case 4-2020: a 52-year-old woman with seizure disorder and wide-complex tachycardia. *N Engl J Med* 2020;**382**:457-67.
- 80. Reynolds KL, Sullivan RJ, Fintelmann FJ, Mansour MK, England J. Case 9-2020: a 64-year-old man with shortness of breath, cough, and hypoxemia. *N Engl J Med* 2020;**382**:1150-9.
- 81. Desai AS, Dudzinski DM, Stib MT, Chen ST, Newton-Cheh C, Blumenthal KG, et al. Case 32-2022: a 76-year-old man with postoperative cardiogenic shock and diffuse rash. *N Engl J Med* 2022;**387**:1502-13.