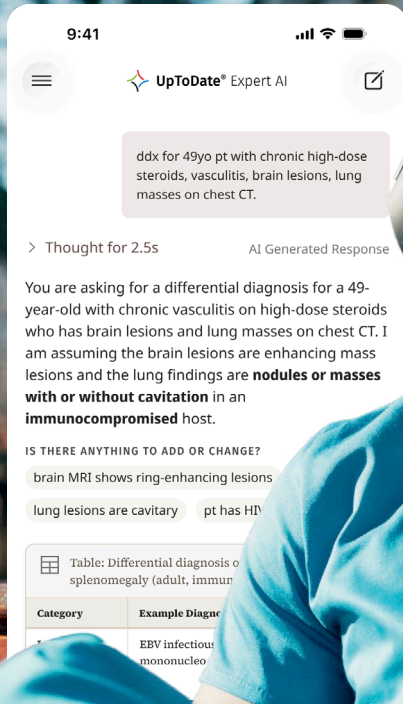




Ddx for **49yo pt** with **chronic vasculitis** on **high-dose steroids**, **brain lesions**, and **lung masses** on chest CT.

Turn questions into insights

Fast, targeted guidance to help you learn, research, and build confidence in complex topics

Work through complex clinical questions with confidence

- **Adjust assumptions:**
"PT is actively receiving immunosuppression."
- **Dive into complexity:**
"What infections are most likely with high-dose steroids?"
- **Consider evaluation:**
"What is my initial testing laboratory, bronchoscopy, or both?"
- **Establish alternatives:**
"What diagnoses cause brain and lung lesions?"

Ddx for **49yo pt** with **chronic vasculitis** on **high-dose steroids**, **brain lesions**, and **lung masses** on chest CT.

Thought for 2.5s AI Generated Response

You are asking for a differential diagnosis for a 49-year-old patient with chronic vasculitis on high-dose steroids who has brain lesions and lung masses on chest CT. I am assuming the brain lesions are enhancing mass lesions and the lung findings are **nodules or masses with or without cavitation** in an **immunocompromised** host.

If not, what's different?



Wolters
Kluwer

UpToDate®

Powerful differential diagnosis exploration

Progressive asymmetric weakness with areflexia in diabetic pt post-URI, ddx for rapidly evolving neuropathy?

Table: Acute immune-mediated polyn...	
Diagnosis	Key tests to support or refute
Guillain-Barré syndrome	CSF and electrodiagnostic studies; consider brain or spine MRI when central features are present.
CIDP	Electrodiagnostic studies showing early axonal involvement.

- **Compare two conditions:**
“Compare symptoms appendicitis vs ovarian torsion.”
- **Use suggestion follow-ups:**
“In treatment of child with otitis media...what if the child has recurrent AOM?”
- **Support patient communication:**
“Help me counsel a patient with HF and diabetes on safely managing sodium and carbohydrate intake.”

Access trusted information quickly

Outpatient, antibiotics, CAP, penicillin allergy.

For a patient with a severe penicillin allergy (IgE-mediated or severe delayed), respiratory fluoroquinolone monotherapy is recommended

Cefpodoxime

Cefpodoxime: Adult drug information

Dosing: Adult

Chronic obstructive pulmonary diseases...

Odontogenic soft tissue infection, pyo...

Otitis media, acute

View full drug topic

- **Assess potential adverse effects:**
“What are the bleeding risks of direct oral anticoagulants?”
- **Assess treatment options:**
“What are my options for anticoagulation in patients with severe kidney failure?”

Earn CME credits in every conversation

Show me the adult cardiac arrest algorithm.

CME 0.5 Accrued

- **Manage comorbid conditions:**
“How should I manage hypertension in a patient with newly diagnosed diabetes?”
- **Enhance patient understanding:**
“How do I advise a parent on behavior change for a child with chronic constipation?”
- **Clarify guideline criteria:**
“What are the treatment recommendations for the initial management of overactive bladder?”

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