



3/31/20 Morning Report with @CPSolvers



<p>CC: 54 M p/w 1 week vision loss HPI: While gardening, felt “pop” progressive, light/dark vision only. No pain, + “pressure” bilateral, no photophobia, no systemic symptoms, no rashes.</p>	<p>Vitals: afebrile, BP 112/78, HR 74, SpO2 99% on RA Exam: Gen: cachectic HEENT: no erythema, exudate. Swollen eyes, +injection, R. pupil non-reactive, L. sluggish, no photophobia, R. APD, EOMI - not painful, no LAD Ext: no rashes Neuro: unremarkable</p>	<p>Problem Representation: 54 year-old male with HIV not on ART presents with acute, painless, progressive monocular vision loss, found to have a right sided APD and uveitis and positive CSF VDRL consistent with a diagnosis of neurosyphilis.</p>	
<p>PMH: HIV (2007, not treated) Syphilis (tx) Prior R. retinal detachment No surgical hx Meds: n/a</p>	<p>Fam Hx: n/a Soc Hx: no recent travel. No smoking, occasional marijuana, no IVU, not sexually active, living in Arizona → Colorado</p>	<p>Notable Labs & Imaging: CBC: WBC 3.4, normal diff, Hg 12.6, Plt: 124 CMP: unremarkable CXR: no acute process CT brain: normal. Eye U/S: R Retinal detachment Tonometry normal Pan-uveitis, L. sided hyphema CD4: 234, HIV viral load: 30,000 Neg: bartonella, toxo, crypto, quant gold, EBV, CMV, Hepatitis Left eye Cx: NGTD Treponemal Ab: positive LP: 17 nuc cells, 95% lymph, glucose 36, protein 119. Cx/NGTD, neg gram stain. VZV neg. RPR: 1:16 VDRL: reactive 1:4</p>	<p>Teaching Points:</p> <ul style="list-style-type: none"> - With monocular vision loss, start with an anatomical approach to the eye itself (cornea, lens, retina, vitreous, optic disc/nerve) - The absence of pain → posterior parts of the eye (vitreous, retina, optic nerve) - The presence of an afferent pupillary defect can mean a problem with the optic nerve on the side with the APD. - Individuals with HIV are at inc. risk of syphilis and its complications independent of CD4 counts - An approach to uveitis: 40% is idiopathic, 40% is autoimmune, 20% is infectious. In a patient with HIV, prioritize the infectious causes. - A positive VDRL is an especially useful test in making the diagnosis of neurosyphilis. BUT, in a patient with HIV, a negative VDRL does not exclude the diagnosis.