5/20/20 Morning Report with @CPSolvers

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CC: dizziness and numbness in face and bilateral hands

HPI: 45 year old woman presented to her PCP 5 days after her 2nd hospitalization for a Crohn's disease flare with dizziness and numbness in the face and bilateral hands.

Hospitalized for 15 days with course c/b an ICU stay for 8 days due to hypotension requiring a phenylephrine drip → midodrine, which was stopped prior to discharge from the hospital.

She was started on prednisone for Crohn's. Infectious workup was negative. Bloody diarrhea responded to steroids and had resolved by discharge.

The dizziness is a sensation of presyncope, which has progressed since leaving the hospital. The numbness is in all five fingers, bilaterally, and the perioral region of her face. Both symptoms started in the hospital and progressed after discharge.

PMH:
Crohn's Disease
Medullary Thyroid Ca s/p thyroidectomy c/b post-op hypocalcemia
DM, HTN

Meds:
Amlodipine (on hold)
Lisinopril (on hold)
HCTZ (on hold)
Levothyroxine
Metformin
Vedolizumab
Pred 40 mg

Fam Hx:
No history of thyroid disease or autoimmune disease

Soc Hx:

Health-Related Behaviors:

Allergies:

Vitals: **T**:98.2 **HR**:101-->108 **BP**:110/78→ 102/65
RR: **SpO_2**: **Wt:** 20lbs down
Exam:
Gen: Ill-appearing
HEENT: PERRL, moist mucous membranes
CV: tachycardic. No new murmurs
Pulm: Lungs clear bilaterally
Abd: Soft, non-tender
Neuro: No sensory deficits of the hands. Global weakness. No focal deficits on confrontational strength testing, + chvostek's sign
Extremities/Skin: 2+ pitting peripheral edema (dates back to hospital stay)

Notable Labs & Imaging:
Hematology:
WBC: 6.2 Hgb:7.6 (11 previously) Plt:305

Chemistry:
Na:146 K:2.9 Cl:107 CO2:21 BUN:4 Cr:0.7 glucose:
Ca: 5.5 (correct Ca:7.2) ical: 1.6 mg/dL Mg: 0.8, Phos: 3.8
Vitamin D 1,25: <12.5, PTH: 37.3

Normal AST/ALT. Alk-P: 75 T. Bili: Albumin: 2.3 TSH: wnl,

Resolution:
Calcium, magnesium were repleted. Calcitriol restarted. Hypotension resolved shortly thereafter.

Problem Representation:
45W PMHx MTC s/p thyroidectomy & Crohn's presenting after recent hospitalization with presyncope, face & bilateral hand numbness, found to have orthostatic hypotension, global weakness and Chvostek's sign dx w/ multi-factorial hypocalcemia

Teaching Points (Moses):
Outpatient pearls after hospitalization:
- Is the patient stable? Any need for re-admission?
- extra info: re: hospitalization, chart review can be very helpful!
- Thorough med rec

Dizziness: *what does the patient mean?* Vertigo vs. Syncope
- Associated neuro symptoms?
- Timing: episodic vs. acute/persistent
- Positional/triggered vs. spontaneous
- Neuro exam

Thyroid ~ Neuro overlap: nerve entrapment 2/2 edematous tissues, hyperthyroidism.

Integrin inhibitors: Vedolizumab: anti-α4-β7 mAb, carries lower risk for HTLV-1 associated adult T cell leukemia-lymphoma. HTLV-1 also associated with myelopathy/tropical spastic paraparesis. Natalizumab also targets integrins, but has risk of PML.

Orthostatics: CDC has great worksheet! Remember to ask for symptoms while obtaining orthostatics.

Malnourished: Consider vitamin deficiencies (B12, B1) low threshold for empiric tx

Hypocalcemia: *what are the hormones doing?* PTH, Vit D. Remember the impact of Mg. ~3% of thyroid surgery pt post-op have hypo-Ca

Clinical Reasoning: if multiple abnormalities at play, may confound our analysis. An iterative Dx-Tx cycle can be helpful. Exp: hypocalcemia confounding reflex exam