6/24/20 Morning Report with @CPSolvers

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CC: altered mental status

HPI: 60F w/gait difficulties for 7 days, altered mental status for 1 day without loss of consciousness
Altered mental status described as "confused" - 1 day
Has had SOB for the past 10 years
Cannot do house chores anymore
Four falls in the last year
In the last 2 months, reports that she has felt more tired
History of constipation with small BMs, usually constipated (BM once every 8 days)

PMH:
Bone marrow hypoplasia

HLD

Tubal ligation

Meds:
Rosuvastatin

Fam Hx:
Unremarkable
HTN or DM in several family members

Soc Hx:
Farmer (stopped working after BM hypoplasia)

Health-Related Behaviors:
Married to smoker
Does not drink EtOH

Allergies:
NKDA

Vitals: **T**: 96F **HR**:78 **BP**: 150/90 **RR**: 18 **SpO_2**: 95% on RA

Exam:
Gen: well appearing, oriented to self, not time or place
HEENT: MMM but pale
CV: normal
Pulm: normal
Abd: normal
Neuro: no strength deficits, no focal neurologic deficits, hypoactive symmetric reflexes
Extremities/Skin: no edema

Notable Labs & Imaging:
Hematology:
WBC: 2.8 Hgb: 9.5 MCV 82 Plt: 140

Chemistry:
Na: 116 K: 4.1 Cl: CO2: BUN: Cr: 1 glucose: 87 Ca:
Liver tests: normal
TSH 1
Free T4 <0.4
1 episode glu 57
Imaging:
MRI brain: normal
CT chest: single calcified lung nodule, considered residual
NCHCT: normal
ACTH 7.9 (normal), prolactin wnl, random cortisol 3, estradiol normal, FSH <7.9
Pituitary MRI: evidence of hypoperfusion in pituitary gland c/w Sheehan syndrome
Repeat CBC: WBC 7, Hb 8.6, plt 180

Problem Representation:
60F w/PMH bone marrow hypoplasia, presenting with acute confusion and gait difficulties, with hypoactive symmetric reflexes on exam, pancytopenia, and central hypopituitarism, found to have Sheehan syndrome on pituitary MRI

Teaching Points (Moses):
DR pearl: sometimes, the amount of data is overwhelming. Ways to break things down:
- Background vs. foreground
- Time course
- Which organ systems are involved? Presence of inflammation? Systemic vs. Localized?
- Ask yourself: what schema will I deploy initially? *MIST, neuro-gait anatomic approach*

Falling/Trouble Walking: + cognitive → think supratentorial localization (although not exclusive, example amyloid)
Hypothermia: can be associated with profound hypothyroidism and other endocrinopathies, sepsis.
DR pearl: the more cell lines down, the higher the suspicion for a BM problem. Think: stem cell problem, nutritional problem, "outside job" exp: infiltration. Bonus: pesticides are associated with myelodysplastic syndromes (OR ~2, PMID: 25335083)
Hyponatremia schema reminder:
- True (hypotonic) hyponatremia?
- Serum/Urine Osms may be helpful
- Euvolemic hyponatremia, think adrenal insufficiency, hypothyroidism, SIADH, reset osmostat

DR pearl: iterative history/exam/evaluation *key* for hyponatremia. Salt/fluid intake of particular importance
Panhypopituitarism: infiltration vs. infarct. Interesting pearl: *hypopituitarism can lead to pancytopenia*. Case & review in JGIM: PMID: 25583570