7/15/20 Morning Report with @CPSolvers

Case Presenter: *TJ La, Jr. (@TonLaJr)* ***Case Discussants:*** *Adam Tapley (@AdamTapley) and Darya Bondarenko (@)*

CC: Dizziness when standing, difficulty focusing in objects.

HPI: 60 M relapsing remitting multiple sclerosis (MS) diagnosed in 2006. Last flare up was 4 years ago.
Unsteadiness when standing with concurrent vision focus loss. He had difficulty watching tv and walking to restroom. He received 4 days of IV methylprednisolone for. He had Initial improvement in vision for few days, followed by worsening ataxia and vision focus

ROS: Unremarkable except for loss of 10 pounds unintentionally, decreased appetite. He had a balanced diet.

PMH: Flare of 4 years ago had similar symptoms. Problems only when focusing vision and trouble walking

Meds:
Rebif (Interferon beta weekly) He has not missed any dose.

Fam Hx:
No cancer history, father died of Heart attack at 50

Soc Hx: Retired

Health-Related Behaviors:
Retired.Denies Etoh, smoking, illicit drug

Allergies: Penicillin and sulfa antibiotics

Vitals: **T**: 97.8 **HR**: **BP**: **RR**:16 **SpO_2**: 100
Exam:
Gen : Well appearing, lying in bed, no acute distress
HEENT: Extraocular movements intact, PERLAA. Painless mobile mass in subclav anterior left cervical chain of 1cm, not noticed before
CV, Pulm, Abd:normal
Neuro: Alert, CN II-XII intact, no pain with extraocular movement, very subtle nystagmus in both eyes
Extremities/Skin: 5/5 bilateral strength in 4 extremities. decreased reflexes. No pronator thrift, no loss of coordination, mild dysmetria with left hand. Gait very slow and deliberate, wobble a little, struggle with gait, inability to walk on heels or toe. Proprioception and vibration were normal. Baseline: no trouble walking, little problem with coordination

Notable Labs & Imaging:
Hematology:
WBC: 5.8 Hgb: 12 MVC: 88 Plt: 220
Chemistry:
BUN:? Cr: 0.9 glucose:45
RPR: no reactive TSH: 0.32 B12: 360 CAE: 1.54 VitD:50.2 Ca: 8.1
Imaging:
CXR: Unremarkable
MRI of Brain: Not impressive, no new lesion
CT of Abdomen and pelvis: Small bowel tumor with a mass between the 3rd segment of the duodenum and pancreas with left hepatic lobe metastases
EGD: normal duodenum and no mass
Fine needle aspiration of cervical mass: Virchow sign and Stage IV Pancreatic cancer

Problem Representation: 60 M PMH multiple sclerosis who p/w dizziness when standing and difficulty focusing on objects found to have supraclavicular lymphadenopathy and diagnosed with stage IV pancreatic cancer c/b paraneoplastic syndrome

Teaching Points (Smitha):
CPR: Test of treatment can help diagnostically
CPR: When the background seems strongly related to foreground, need to remain broad to the possibility of them being related (e.g., MS flare) or unrelated (e.g, vascular disease)
Recrudescence of neurologic symptoms - in demyelinating/CNS disease, the parts of the brain that had been impacted might be be reinjured and represent as similar neurologic signs
CPR: Localize the lesion first in a neurologic first! "The where before the what"
Difficulty focusing: 1) Visual acuity change, 2)coordination of EOM (CN palsy), 3) extra movement of the eyes (nystagmus).
Dizziness with movement = priority in ruling out orthostasis
Rebif (Interferon beta-1a). Mechanism: increases anti-inflammatory agents and downregulates pro-inflammatory cytokines → strong BBB
Weight loss + neuro/eye complaints consider thiamine deficiency
Lymphadenopathy red flags for malignancy: supraclavicular, age>40, painless, duration 4-6 weeks, generalized, male, B-symptoms, supraclavicular (GI malignancy)
Malignancy + Cerebellar dysfunction: metabolic (SIADH), paraneoplastic (usually lung and ovarian ca, anti-Yo cerebellar degeneration), metastatic disease, stroke (hypercoagulability)
Truncal + gait instability → cerebellar ataxia syndrome.
LP in MS vs. paraneoplastic: both have few cells, oligoclonal bands in bands in MS can be see in Ab-mediated paraneoplastic Ab. Paraneoplastic can be MRI-negative.