



6/25/20 Morning Report with @CPSolvers



Case Presenter: Taher Modarressi (@tmodarressi) Case Discussants: Joanne Loethen (@JoanneLoethenMD) and Brendan Robinson (@brobinson2017)

CC: panic attack

HPI: 25 F brought to ED by friends for "panic attack".
- Stably controlled anxiety until 6 months ago. At that time, experienced increased panic attacks. x1/week, fluctuation over past few months with up to x3 per week.
- First breakthrough episode- at party/ drunk, friends described she was ill, nauseous, anxious, concerned drink was spiked. She lied down.
- Sometimes notices triggers; ie: bad dream, sometimes at the end of a long/stressful day, otherwise can have no associations. - Not much improvement on BDZ from PCP

ROS: no recent fevers, 15lb unintentional wt loss, NS w/ bad dream/ soaking through sheets?, mild HA at B/I worse with panic attack, SOB with episodes, nausea with episodes, no constipation, warm with episodes, no neuro Sx, no seizures, no SI, no MSK sx

Vitals: T: 97.6 F HR: 76 BP: 122/74 RR: 12 SpO₂: 99% on RA; BMI 23
Exam:
Gen: well appearing, NAD
HEENT: eyes nl, no lid lag. NI thyroid, no masses, no thrill over thyroid
CV: RR, no murmurs
Pulm: CABL, no incr WOB
Abd: soft, non tender, non distended, no palpable masses to deep palpation
Neuro: alert, nl reflexes, no tremor
Psych: nl mood/affect, not anxious appearing → towards end; pt reports was feeling unwell, HR 110, BP 148/88, RR 20-30, O2 sats nl; diaphoretic, trembling hands/fingers
Extremities/Skin: nl without edema, skin warm and dry

Notable Labs & Imaging:

Hematology:
WBC: 7.4 (N 71, L 20, E 2) Hgb: 13.6 Hct 39.9 Plt: 260
Chemistry:
Na: 141 K: 4.5 Cl: 101 CO₂: 27 BUN: 13 Cr: 0.6 (at b.l) glucose: 75
Ca: 9.4 Phos: Mag:
AST: 19 ALT: 14 Alk-P: 60 T. Bili: 0.2 Albumin: 4.5 TP: 7.1 CPK- nl
TSH 0.9; Free T4 1.4
UPT Neg, Urine drug screen pos- cannabinoids, BDZ; Urine dipstick- neg ketone
HIV- neg; EtOH- neg; UA nl with SG 1.014.
Finger stick glucose during epi- 36 → given juice w/ Sx resolution
Serum glucose: 26; C peptide- 3.4 (Ref 1.1-4.4); Insulin- 20.9 (Ref 2.6-24.9), Proinsulin- n/a; IGF-2- 855 (Ref 333-967); Beta hydroxybutyrate 0.5 (Ref 0.2-2.8); Insulin Ab- not detected. Spot cortisol- 24. Urine Sulfonylurea screen- neg
Imaging:
EKG: nl ; CXR: nl ; Non-contrast head CT- nl
CTAP- focus of incr enhancement 1.5cm in the ant pancreatic neck suspicious for insulinoma. Received surgery w/ resolution of episodes. Pathology confirmed insulinoma.

Problem Representation: 25F with pmh anxiety presented to ED with subjective panic attacks (nausea, SOB, anxiety, diaphoresis), 15lb WL with labs during episode notable for low serum glucose, nl C-peptide/insulin, and CT/AP consistent with insulinoma.

Teaching Points (Andrea):

Young female + episodic hypersympathetic drive: true panic attack (exclusion dx), hypoglycemia, drugs, toxin exposure, hyperthyroidism, hypercapnia, pheochromocytoma, cardiac arrhythmia (WPW)
Increased metabolism (Catabolic): Neoplasm, hyperthyroidism. Eating disorder, Systemic, autoimmune
Vaping+onset of symptoms: Maybe substance brings out disease
Episodic nature difficult to evaluate in physical exam and labs
Insulin mediated disorder: Non ketones
Insulinoma: inappropriate normal insulin and c peptide levels, weight gain
Labs that should be drawn together: glucose, insulin, c peptide
Whipple triad: symptoms of hypoglycemia, hypoglycemia (blood glucose level <50 mg/dL), and relief of symptoms following ingestion of glucose. It is a triad it does not always present like that. Autonomic response can get used to hypoglycemia

PMH:
Anxiety

Meds:
Benzodiazepine
10-20 pills over recent months
Citalopram 120
Xanax for breakthrough anxiety

Fam Hx: Sis w/ anxiety related condition
Bro- Graves
Mo- Hashimoto

Soc Hx: Never used tob, vapes daily ; EtOh- 2-3 drinks at parties
Health-Related Behaviors:
Not currently sexually active, 2 lifelong partners
Works as pharmacy technician? Likes to travel, but has deferred due to fear of epi occurring

Allergies:
Pollen, rash with PCN as baby