



9/24/20 Morning Report with @CPSolvers



Case Presenter: Han Nguyen (@Flower_freeland) Case Discussants: Marco Malaga (@MarcoMalaga97) and Rafael Medina (@Rafameed)

<p>CC: Muscle twitching in R arm.</p> <p>HPI: 68yF was being followed bc of osteosynthesis in R radial bone for a fracture. Post surgery day 3 she started w/ intermittent muscle twitching in R arm while her hand and forearm was flexed and extended. Next day: patient continues w/R arm and both legs twitching.</p> <p>No fever, no seizures, no locked jaw, no dysarthria.</p> <p>6d before onset of symptoms she fell down after falling asleep. R radial bone fracture w/bone exposure. Skin was edematous and purulent. She underwent surgery in district hospital. 2 days after surgery had no jerking or seizures. Did not receive injection of anti tetanus toxoid.</p>	<p>Vitals: T: 39C HR:80 BP:fluctuate, 122/70 - 150/90 RR: 22 SpO₂: 100 RA, 88% in 6 hours → intubated 96% FiO2 30%</p> <p>Exam:</p> <p>Gen:</p> <p>HEENT:</p> <p>CV: No murmurs.</p> <p>Pulm: Reduced breath sounds in R base.</p> <p>Abd: Soft, non tender, non distended.</p> <p>Neuro: Both pupils 2mm, reactive to light.</p> <p>Extremities/Skin: Continuous spasm in R arm. No lesions. Injury R forearm 15cm posterior +10cm anterior; dry, non edematous, no pus or fluid.</p>	<p>Problem Representation:</p> <p>68yF w/no PMHx presents with involuntary muscle twitching in POD3 after an osteosynthesis surgery for an exposed fracture. She quickly deteriorates in the ER and needs mechanical ventilation. Further work up shows Clostridium Tetani infection with generalized tetanus and autonomic nervous system disturbances.</p>
<p>PMH: NA</p> <p>Meds: None.</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 12.6 (N 78% L6.3%)Hgb:10.7 MCV 84 Htc 31.6 Plt: 451</p> <p>Chemistry: Na:127(Corrected: 129) K:3.2 Cl:100.8 CO2: BUN:7.3 Cr:0.43 glucose:378 Ca: 1.41 (decreased) Phos: Mag: 2.86 (decreased) AST:81 ALT:58 Alk-P: T. Bili:1.09 Albumin:</p> <p>ABG: FiO2 30%: pH:7.5 pCO2 29.3 pO2: 79 Bicarb: 23.1</p> <p>Urinalysis: Neg. VS:7 Leucocyte neg. Blood culture: Neg. PPD: neg.</p> <p>Imaging: CXR: Consolidation R base and hilum.</p> <p>Final DX: Localized tetanus → generalized tetanus w/Autonomic nervous system disturbances. Clostridium tetani.</p>	<p>Teaching Points (Kiara):</p> <ul style="list-style-type: none"> ● Muscle twitching: <ul style="list-style-type: none"> - Fasciculations: 2 motoneuron - Involuntary movement (related to surgery-blood loss, medication, stress, bone abnormality, anxiety) - Focal: Right arm (seizure) - Generalized: R Arm + R,L leg (metabolic (↓Ca, ↑Glu), toxins, infectious) ● Rural area: Access to med care, PMH (undiagnosed prob), pneumonia ● Skin rupture -> Tetanus: Muscle abnormality (diaphragm) -> aspiration and pneumonia ● Skin rupture -> Staph toxic shock syndrome ● Chronic inflammation: ↑Platelets ● Alkalosis, ↓Ca, ↓K -> Suggestive of tetany ● ↓Ca approach: <ul style="list-style-type: none"> - ↓ intake/absorption: Malabsorption, small bowel bypass, Vit D deficiency - ↑ Loss: Alcoholism, Chronic renal insuff, diuretic therapy - Endocrine: Hypoparathyroidism, sepsis, calcitonin secretion with thyroid medullary carcinoma, familial hypocalcemia - Physiologic: ↓Alb, ↑Phos, ↓end-organ response to Vit D - Drugs: Loop diuretics, aminoglycosides, foscarnet
<p>Fam Hx: NA.</p> <p>Soc Hx: Duck farmer. Lives in rural area south Vietnam.</p> <p>Health-Related Behaviors: No EtOH, smoking, drugs.</p> <p>Allergies: NA</p>		