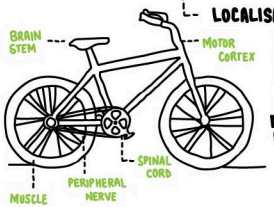
DX [VIRTUAL MORNING REPORT]

CLINICAL REASONING PEARL:

A RARE CLINICAL TRIAD OF MENINGITIS, ENDOCARDITIS AND PNEUMONIA CALLED AUSTRIAN SYNDROME CAN BE CAUSED BY S. PNEUMONIA.

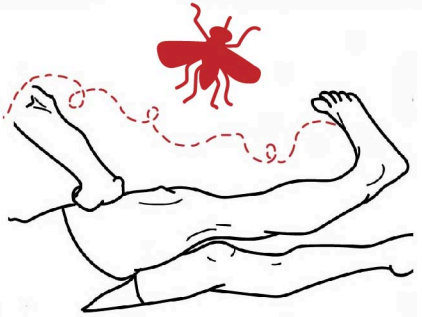
1 INVESTIGATE THE SYMPTOMS

WEAKNESS

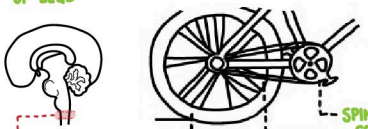


- LOCALISATION x TIME
- EXTENT OF INVOLVEMENT
- DENSITY OF MOTOR FIBRES = Sx

WEAKNESS



- CRUCIATE PARALYSIS → ASYMMETRIC WEAKNESS
  - B/L ARMS, SPARING OF LEGS
  - R. ARM + L. LEG



- CERVICO-MEDULLARY JUNCTION
- MUSCLE
- PERIPHERAL NERVE
  - SENSORY
  - MOTOR
- SPINAL CORD
  - SYMMETRICAL BOWEL + BLADDER INCONTINENCE

GBS → LEGS > ARMS
ASCENDING PARALYSIS

+

CONFUSION + NECK PAIN + HEADACHE = CORTICAL PATHOLOGY

- MENINGITIS, ENCEPHALITIS
- STROKE, ABSCESS

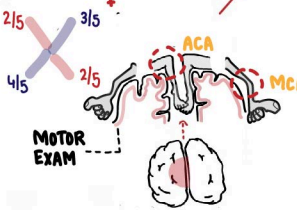
REFRAMING OUR PROBLEM STATEMENT → INFLAMMATORY CNS PATHOLOGY + FOCAL DEFICIT + PRIOR PNEUMONIA

2. COLLECT CLUES → LABS AND IMAGING

Sx AND SIGNS

HYPO-REFLEXIA

UMN SIGNS MAY TAKE TIME TO EMERGE -- EVALUATE PHYSICAL SIGNS IN CONTEXT OF TIME



+ CANCER

HYPOTHESIS # 1: INTRACRANIAL INFECTION

HYPOTHESIS # 2: ENDOCARDITIS → STROKE

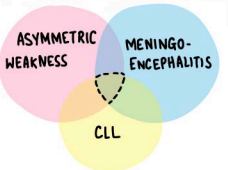
B/L THALAMIC HYPERINTENSITY

3. PUTTING IT TOGETHER

STEP 1: TIME + Sx + CONTEXT

ELDERLY MALE + INFLAMMATORY CNS SYNDROME + FOCAL DEFICITS + CLL

STEP 2: FRAMING A HYPOTHESIS



INFECTIONS > AUTOIMMUNE
» ARBOVIRUS
BACTERIA
FUNGI

STEP 3: TESTING THE HYPOTHESIS

PRE-TEST PROBABILITY
B/L THALAMIC HYPERINTENSITY

Tx | TEST | TOSS

- Tx → VIRAL ENCEPHALITIS
- TOSS → AUTOIMMUNE ENCEPHALITIS

PCR CSF +

WEST NILE ENCEPHALITIS