



# 10/13/20 Morning Report with @CPSolvers



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<p><b>CC:</b> Paraesthesia + change in temperature</p> <p><b>HPI:</b> 19 M p/w changes in temperature, paraesthesias in his Right arm and leg since 2 weeks. Earlier this year he reports feeling hot objects as cold associated in the shower, with prickling sensation w/ no motor abnormalities. 2 weeks prior bitten by ticks while farming, Tx pesticide diluted w/ water followed by a shower and reports feeling the sensory abnormalities after. Sx resolved spontaneously. 5 months later weakness of Left arm and leg for 4 days.</p> <p><b>ROS:</b> feeling tired, no wt loss, fevers, NS, fecal or urinary incontinence</p>	<p><b>Vitals:</b> Normal</p> <p><b>Exam:</b></p> <p><b>Neuro:</b></p> <p><b>General:</b> Oriented to time, place and person memory and language normal</p> <p><b>Meningeal signs:</b> no neck rigidity</p> <p><b>CN exam:</b> I-XII intact</p> <p><b>Sensory exam:</b> Diminished on Right arm and leg; Temperature and vibration not evaluated.</p> <p><b>Motor exam:</b> Reflexes: Right normal, Left - hyperreflexia; Babinski negative; Right - 5/5; Left - 3/5, no muscle atrophy;</p> <p><b>Cerebellar signs:</b> finger nose test negative, Dysdiadochokinesia absent</p> <p>Romberg negative; unstable gait</p>	<p><b>Problem Representation:</b></p> <p>Young male p/w acutely evolving transient sensory and motor abnormalities separated in time and affecting opposite halves of upper and lower limbs.</p>
<p><b>PMH:</b> Nothing significant</p> <p><b>Fam Hx:</b> Nothing significant</p> <p><b>Soc Hx:</b> Farmer, coastal area of Guatemala</p> <p><b>Meds:</b> Not on any prescribed medication</p> <p><b>Health-Related Behaviors:</b> Nothing significant</p> <p><b>Allergies:</b> No known allergies</p>	<p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b> Normal</p> <p><b>Chemistry:</b> Normal</p> <p>HIV - negative</p> <p><b>Imaging:</b></p> <p>MRI without contrast: Hyperintense small round lesions in C4 and C5</p> <p>Brain: T1 black holes in corpus callosum</p> <p>T2 and flair: Cortical and periventricular hyperintense lesions</p> <p>CSF: Oligoclonal bands</p> <p><b>Dx: Multiple sclerosis</b></p>	<p><b>Teaching Points (Kiara) #EndNeurophobia</b></p> <ul style="list-style-type: none"> <li>● <b>E=MC2</b></li> </ul> <p><b>DDx in Neurology:</b></p> <ul style="list-style-type: none"> <li>● <b>Localization:</b> CNS: Brain, -&gt; spinal cord/PNS: -&gt; NMJ, muscle</li> <li>● <b>Time course:</b> Hyperacute, acute, subacute, chronic</li> <li>● <b>Toxic/Metabolic:</b> Organophosphate intoxication: Intermediate syndrome (IMS) following organophosphorus -&gt; delayed polyneuropathy</li> <li>● Pain and temperature: Lateral spinothalamic tract -&gt; Thalamus and cerebral cortex (sensory)</li> <li>● 19 sensation problems: 1st Multiple sclerosis quick, focal, spinal cord lesions.</li> <li>● Cause and effect: Tick (palsys, meningitis, radiculitis ), Pesticides</li> <li>● HTLV 1 and HIV: Chronic Myelopathy as motor neuron disease</li> </ul> <p><b>Parestesias Right arm/leg + Weakness L arm/leg:</b></p> <ul style="list-style-type: none"> <li>● <b>2 Ix:</b> Multiple sclerosis</li> <li>● <b>1 Ix:</b> Brown-Séquard's sd, transverse myelitis, spinal cord (epidural abscess, acute myelitis, neurocysticercosis)</li> </ul> <p><b>Romberg test:</b> Proprioception pathology at dorsal columns</p> <ul style="list-style-type: none"> <li>● 1st episode (chronic): tumor (spinal cord meningeal type, metastases), infection (parasites, TB like Pott disease, tuberculoma), spondylosis, cervical myelopathy (maybe atypical presentation)</li> </ul> <p><b>Uhthoff Phenomenon:</b> Dyemilitating sd when patient exposed to hot temperature (Babinski +)</p> <p><b>Lhermitte phenomenon:</b> Electric shock when moving the neck</p>