



11/27/20 Morning Report with @CPSolvers



Case Presenter: Morton Machir (@MMMachirMD) Case Discussants: Rabih Geha (@RabihMGeha) and Reza Manesh (@DxRxEdu)

CC: Floaters and unilateral loss of vision

HPI: 69F p/w floaters, L eye loss of vision. 2-3 days prior to admission, sneezed and noticed flashes/ floaters.

ROS: fever, chills, NS, fatigue since a while

Wt loss 60 pounds since last year (except around abdomen and LE)

No chest pain, SOB

No Redness of eye, Pain in eye

PMH:
Obesity, glaucoma, GERD, Asthma? (not on Tx)

Fam Hx:
Dad - CAD, lung cancer; Mom - HTN

Soc Hx:
Married, monogamous, no recent travel

Health-Related Behaviors:
Non smoker, no alcohol consumption/drugs

Allergies:
None

Vitals: T:afebrile HR: 119 BP: 153/98 RR: 18 SpO₂: 96%

Exam:

Gen: Alert, oriented, thin face, arms, upper body

HEENT: Pupils- equal, reactive; Visual acuity- intact Intraocular pressure - not obtained

CV: tachycardic; S1, S2 heard no murmurs

Pulm: Normal

Abd: Distension +, firm

Neuro: CN 2-12 intact except L. hemianopsia (inferior > superior) both eyes; Motor 5/5, DTR normal, finger to nose normal

Extremities/Skin: 2+ pitting edema

Notable Labs & Imaging:

Hematology: WBC: 10 (PMN pred) Hgb: 7 (microcytic 65)Plt: 602

Chemistry: WNL Troponin : 0.07 (ED) Sat % 4.2 Ferritin 100

Imaging:

CTA: neg PE, CT abd pelvis: cystic peritoneal mass, occupying peritoneal cavity w/ peripheral solid nodularity and internal septations concerning malignancy? mucinous carcinomatosis

Brain MRI: R. occipital Lobe infarct concerning PCA

ECHO: EF 40-45% L wall motion abnormality, bubble study + intra atrial shunt Venous duplex legs: neg DVT, Rouleaux flow (distended veins)

MRV pelvis: no thrombus seen

CTA head and neck: WNL

Re-admission: Quadrantanopia R inferior field, facial droop R lower face, slurred speech. Vitals labs same as last admission

MRI brain: new frontal infarct + old R occipital lobe infarct

Coronary CTA: Non obstructive CAD, incidental segmental and subsegmental PE b/l lungs

Dx: Clear cell ovarian carcinoma

Problem Representation: Elderly post menopausal female p/w subacute systemic inflammatory syndrome w/ edema, hypercoagulable state, large cystic peritoneal mass and acute venous and arterial emboli.

Teaching Points (Maria): #EndNeuro + Opthalmophobia.

- **Vision (Eye vs Brain):**
 - Eye vital signs: pupil, visual acuity, IOP, color perception.
 - Visual loss Localization: Cornea → Lens → Vitreous → Retina → ON → chiasma → Visual cortex.
 - Bi-ocular (post chiasmatic) (L/R visual fields- hemianopsias)→ neurology. Monocular (prechiasmatic) (L/R eye) → ophthalmology
 - EYES: Try to localize to anterior or posterior chambers of eye. Redness → Anterior (Redness + Pain: Keratitis?), Floaters → Posterior. (Pain w/no Redness: neuritis?)
 - NEURO: Optic nerve → Mononeuritis. Chiasm → Bitemporal hemianopsia, Post chiasm Optic Radiations → “Left is Right, Up is Down...”. Cortex → Macular sparing.
 - Systemic Inflammation- Ocular Pathology Venn Diagram: is it only intra or extraocular? W/ extraocular inflammation and eye involvement think: Mets, Vascular (GCA, Infections - Endocarditis).
 - Tempo: Acute - subacute: inflammatory, demyelinating (low inflammation signs).
- **Subacute Inflammation:** malignancy, autoimmune, atypical infections (Thrombocytosis and hyperviscosity favour malignancy).
- **Valsalva (Exercise or Sneezes) Triggered Strokes:** PFO (25% population; needs a clot (in this case think Marantic Endocarditis or Hypercoag States)). Cervical Artery Dissections.
- **Peritoneal Mass:** Mets > Primary. Mets: GI or GYN >>> Lungs or Breast. (Microcytic Anemia in Older Person→ GI)
- **Clear Cell carcinoma:** 5-10% ovarian cancer.