11/23/20 Morning Report with @CPSolvers

Case Presenter: *Simone Vais (@SimoneVais)* ***Case Discussants***: *Gurbani Kaur and Dhruv Srinivasachar (@TheRealDSrini)*

CC: Fall

HPI: 61M brought by EMS after an unwitnessed fall. On his way to methadone clinic when he fell, no prodromal Sx. Confused, cannot ask questions. No other history obtained.

Vitals: **T**: 36.9 **HR**:75 **BP**:148/94 **RR**:21 **SpO_2**:97% RA
Exam:
Gen: no acute distress, appears confused.
HEENT: Mild abrasion over nose and R cheek bones
CV: RR, no murmurs or gallops
Pulm: Mild expiratory wheezes bilateral bases, no crackles.
Abd: Soft, non tender non distended.
Neuro: he's able to say name and location, not able to state date. Responds to questions in short sentences. 10 word sentences over event of morning, word finding difficulties. Able to follow commands, but requires frequent redirection. CN intact, visual fields intact. Strength and sensation intact. Finger-to-nose ok but finger-nose-finger abnormal due to inattention.
Extremities/Skin: numerous scattered 0.5cm non-tender suprapubic nodules.

PMH:
HTN, COPD, NSTEMI, COVID- pneumonia, methamphetamine use disorder, opiate use disorder,

Meds:

Notable Labs & Imaging:
Hematology: WBC: 7.5 Hgb:12.6 Htc 40.2 Plt:259

Chemistry:Na: 137 K:4.6 Cl:102 CO2:27 BUN:18 Cr:0.83 glucose:96
AST:15 ALT:8 Alk-P:65 T. Bili:0.5 Albumin: 4 Lactate 1.
Troponin 82 → 119 (nl <40). BNP: 86
Covid neg.

UA: no WBC or RBC, no occult blood, pH 5.5, no leukocyte esterase, no glucose, sp gravity 1.018, utox neg - methamphetamines, cocaine, benzo, positive hydromorphone, methadone and heroin metabolites. Blood ethanol neg.
HIV and VDRL neg.

Imaging:
EKG: Regular sinus rhythm, regular axis. L ventricular hypertrophy, T wave inversion in V4-V6, L1, L2, QTC 477 (nl 500)
CT head face and brain: no herniation, hydrocephalus or bleed. No evidence of skull fracture. L frontal encephalomalacia. No evidence of acute traumatic injury.
MRI: Remote encephalomalacia, **Acute R MCA stroke in insulo-temporoparietal region.**

Problem Representation: Later middle aged male w/ opiate use disorder, HTN and Hx of NSTEMI who had an unwitnessed fall w/ cardiac ischemic changes and L frontal encephalomalacia.

Teaching Points (Sukriti):
Investigating the Sx: Altered mental status + Fall
Acute altered mental status: MIST mnemonic
Fall: Why the fall? Mechanical vs underlying sinister pathology (syncope-- cardiovascular (structural vs abnormal rhythm), orthostatic hypotension, vasovagal)
Consequences of the fall? Subdural hemorrhage

Collecting clues: Encephalopathy + cardiac injury + opiate use
Persistent neuro Sx after fall + facial trauma after a ground level fall: increased suspicion for an abrupt fall (seizure, syncope, stroke) -- No miss Dx for new onset seizure! - Toxidrome, space occupying lesion
Suprapubic nodules: immune status? -- subcutaneous skin lesion (fungal, TB, malignancy) vs Inguinal LAD (HIV, Syphilis, lymphoma)

CRP: A slight rise in troponin -- indicates some myocardial injury, low sensitivity for an MI

Framing our hypothesis: focal encephalomalacia + encephalopathy
Encephalomalacia → Neuro Sx: Stroke > Syphilis, HIV vs encephalomalacia an indicator for an underlying chronic infection

CRP: Stroke + LOC -- think basilar artery stroke, b/l thalamic lesion
CRP: neurosyphilis doesn't always mean tertiary syphilis
General paresis of insane: cerebral atrophy in late-stage syphilis