



12/15/20 Neuro Morning Report with @CPSolvers



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| <p>CC: R sided hemiparesis</p> <p>HPI: 29M 15 days of fever and headache followed by sudden R hemiparesis 1 day ago. Reports history of Increasing confusion and somnolence</p> | | <p>Vitals: T: 39.5 HR, BP, RR, SpO₂ Normal</p> <p>Exam: Systemic Ill appearing, holosystolic murmur over apex of heart 3/6</p> <p>Neuro</p> <ul style="list-style-type: none"> - Mental Status: slightly disoriented - Cranial Nerves: R. homonymous hemianopia, R facial palsy - Motor: 3/5- R, N - L dysarthria + - Reflexes: 1/4 - R 2/4 -L, babinski + R - Sensory: Diminished pain and temperature - Cerebellar: L. dysmetria, - Other: No meningeal signs, no aphasia | <p>Problem Representation: 29 yo man with recent dental procedure presenting with subacute fever, headache followed by sudden onset hemiparesis</p> |
| <p>PMH: Dental procedure - 2wks prior to Sx onset</p> <p>Meds: None</p> | <p>Fam Hx: Nothing significant</p> <p>Soc Hx: Nothing significant</p> <p>Health-Related Behaviors: Nothing significant</p> <p>Allergies: No known allergies</p> | <p>Notable Labs & Imaging:</p> <p>Imaging: Brain MRI: Restricted diffusion L. occipital lobe, b/l cerebellar, L Internal capsule, basal ganglia, B/L frontal regions ECHO: vegetation in mitral valve - moderate mitral insufficiency S. Aureus blood cultures +, HIV -ve, Syphilis -ve</p> <p>Hospital course: Tx Emergent Mitral valve replacement, ceftriaxone + vancomycin → persistent fever → Repeat imaging showed brain abscesses</p> <p>Dx: Stroke associated with S. aureus endocarditis</p> | <p>Teaching Points (Anna): #EndNeurophobia ↑</p> <ul style="list-style-type: none"> • Hemiparesis: weakness (not paralyzed) of one side of the body <ul style="list-style-type: none"> - Pathway: cortex > internal capsule > (cross at pyramidal decussation) > posterolateral tract of spinal cord > anterior horn cells > ventral nerve roots > nerves > NMJ • Infections of the CNS <ul style="list-style-type: none"> - Meningitis: fever, headache <ul style="list-style-type: none"> - Can develop secondary infectious vasculitis - Encephalitis: fever, headache, encephalopathy (brain parenchyma involved) - Abscess: fever, HA, focal neurologic deficits - Mycotic Aneurysm: systemic illness, HA <ul style="list-style-type: none"> - Sequelae: subarachnoid bleed (WHOML) • Cavernous Sinus Anatomy <ul style="list-style-type: none"> - Contains carotid artery, nerves: III, IV, VI, V1/V2 (OTOMCAT) - Can manifest as facial numbness, ocular movement, Horner's Syndrome • CNS Complications of Lyme: Bell's Palsy, Meningitis, Radiculitis • CNS HIV Seroconversion syndromes: aseptic meningitis, GBS, Bell's Palsy • Cortical Signs: aphasia (left), neglect (right) • Causes of ischemic stroke: vessels (atherosclerosis), heart (vegetation, thrombus), blood (hypercoag > emboli) • Staphylococcus Bacteremia Management: <ul style="list-style-type: none"> - ID consultation improves survival - Get TTE - Look for other sites of involves (vertebra, joints) - Start vancomycin, switch to cefazolin/nafticillin if MSSA |