01/20/21 Morning Report with @CPSolvers

Case Presenter: *Maria Rodriguez (@mluizarod)* ***Case Discussants***: *Gabriel (@coldestdayonme) and Sofia (@WagemakerSofia)*

CC: Hallucinations

HPI: 18 year old female w/ history of visual/auditory hallucinations, agitation for a week. Her symptoms were intermittent but she would continue to develop these hallucinations. She refused to eat and developed rigidity and stiffness. She stopped moving, looked disconnected. At nights she would become agitated and hallucinations returned. 2 weeks prior she had fevers up to 38 C, malaise, ulcers in her mouth, articular pain in her wrists, kness, and ankles

PMH: none

Meds:no medications

Up to date on vaccines

Fam Hx: no history of psych disorders, cancer. M and F have HTN, M has DM

Soc Hx: Lives in the country on a farm, just finished school and works outside with horses, birds without known insect bites.. Doesn't drink, smoke, or do drugs

Health-Related Behaviors:

Allergies:None

Vitals: **T**: afebrile **HR**: **94 BP**: **100/70 RR**:16 **SpO_2**:98%
Exam:**Gen**:Arrived in a wheelchair, rigid posture, stiff, unresponsive
HEENT: small painless ulcers in her mouth 2 mm x 7, normal lymph node enlargement, + malar rash
CV: Nml **Pulm**:CTAB **Abd**: Nt/ND
Neuro: Nml reflexes, nml pupils, did not follow commands, non verbal
Extremities/Skin: right wrist swelling/right knee swelling and warmth:

Notable Labs & Imaging:

Hematology:
WBC: 3.45k/mcL Hgb:7.1 g/dL Plt: 54K

Chemistry:
Na: 136, K: 4, CO2: 23, BUN: NML, Cr: 0.7, glucose: 68
AST: Nml ALT: Nml T. Bili: Nml
HIV/Syphilis: Neg
Hep panel: neg
Toxo and Fungi: neg
C4 comp: 8 (L); C3 comp: 20 (L), ANA: + speckled pattern, DS DNA +
Anti Phospholipid: Negative
UA: 24 hour protein 2.6 g

Imaging:
CT brain: Normal
FInal Dx; Lupus with neuropsychiatric manifestations

Problem Representation: 18F previously healthy presenting with subacute onset prodromal fevers, oral ulcers, polyarticular arthritis progressing to acute intermittent audio/visual hallucinations, agitation, rigidity. Physical exam shows malar rash, labs remarkable for pancytopenia, proteinuria, and rheumatologic profile c/w SLE encephalitis

Teaching Points (Sukriti):

Investigating the Sx: Hallucinations
Medications (anticholinergics, pro-dopaminergics, benzos), Substances (withdrawal & intoxication), Primary psychiatric disorders (mood & psychotic disorder), Neurological/ systemic process (seizures, structural, inflammatory disorders)
Layering on the rigidity and stiffness -- Medication-induced extrapyramidal rigidity (antipsychotics), Catatonia assoc. w/ mood disorder, schizophrenia, malignant catatonia secondary to systemic inflammation
Catatonia assoc. w/ schizophrenia - responsive to Lorazepam vs malignant catatonia
Defining the problem: Context (who is the host) + Syndrome (What) + Time (When)
Age - hallucinations as a part of delirium in the elderly vs as part of neuropsychiatric manifestations of Wilson's disease; Location- Prevalence of endemic vector borne diseases makes acute post-infectious/ infectious process more likely
Collecting clues:
Ulcers = systemic inflammatory disorders (Lupus, behcets, viral infections, brucellosis)
Oral ulcers assoc. w/ lupus vs infectious/post-infectious ulcers - painful/painless vs painful
Clinical Pearl: Certain words in patient history can be strong cognitive anchors eg. Malar rash = Lupus, important to consider other possibilities
Framing the hypothesis: Multisystemic syndrome w/ brain, kidney, joints, mucous membrane
Neg HIV + Positive ANA = Autoimmune > Infectious etiologies
dsDNA = increased specificity for SLE
Clinical pearl: In case of suspicion for Lupus, look for clues of kidney involvement, as renal involvement guides further management