12/31/20 Morning Report with @CPSolvers

***Case Presenter**: (Rafael Medina @rafameed) **Case Discussants**: Dhruv (@TheRealDSrini) and Thiago(@mendesthiagob)*

CC: 37 year old male presents with weakness and neck pain

HPI: Pt notes worsening headaches, intermittent burning of hands and feet along with painful ulcers for 6 days

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PMH: Recurrent non-vesicular penile ulcers x 15 yrs tx empirically with acyclovir

Meds: Only Acyclovir

Fam Hx: None

Soc Hx: Sexually active with female partner

Health-Related Behaviors: None

Allergies: NKDA

Vitals: **T**: 39.8 **HR**: 92 **BP**: 102/76 **RR**: **SpO_2**: 100%

Exam:

Gen: alert, oriented, and cognitively intact

HEENT: two inferior lip aphthous ulcers, unilateral neck swelling

CV: NML

Pulm: NML

Abd: NT, ND

GU: multiple ulcerations around base of penis

Neuro: 4/5 strength upper and lower extremities (normal 1 week prior); normal sensation; wide-based gait (normal gait 1 week prior)

Extremities/Skin: bilateral shoulder acneiform rash, elbow and ankle joint swelling

Notable Labs & Imaging:

Hematology:

WBC: 8.2 Hgb: 9.2 (14.9 2 months prior) Plt: 386

Chemistry:

CMP: WNL , INR: 1.1, Normal B12 and Folate, Normal TSH

HIV, HSV, RPR, Gonorrhea, Chlamydia all Negative

Neg Blood cx, Negative lupus anticoagulant,

Elbow synovial fluid analysis significant for neutrophils, ESR 120, CRP 11.76

CSF analysis: Cell count: 74 WBC (95% lymphocytes), Normal protein and glucose, Negative culture, Negative VZV, HSV, HIV, Lyme, West Nile, enterovirus, VDRL titers

Imaging:

US Neck: Right IJ thrombus

MRI Brain - FLAIR revealed multiple areas of hyperintensity within brainstem, including the midbrain, pons, and inferior olivary nucleus

Pathergy Test: Positive with 3mm papules noted after skin prick helping confirm Neuro Bechet's Disease (NBD)

Problem Representation: 37 yo M with recurrent non-vesicular penile lesions treated w/ acyclovir x 15 yrs p/w 6 day history of HA, neck pain, weakness, and peripheral neuropathy found to have aphthous ulcers, UL neck swelling, wide based gait, joint swelling, and anemia found to have multiple areas of hyperintensity within the brainstem, pons, midbrain and CSF pleocytosis and + pathergy skin prick confirming Neuro Behcet's Disease

Teaching Points (Sukriti):

Investigating the Sx:

Genital ulcers - Infections (HSV, HIV), Autoimmune (Behcet), Drug exposure!

Painless, recurrent ulcers:

Behcet - Inflammatory mucocutaneous disease

Mucosal manifestations (3) Oral and genital ulcers, eyes (anterior uveitis)

- Skin manifestations (4) - acneiform rash, pathergy, EN, palpable purpura
- Variable vessel vasculitis (small and medium sized vessels)

Layering on weakness + sensory Sx (burning of hands and feet) = neurological syndrome

Framing a hypothesis: Mucocutaneous lesions + neurological Sx + joint swelling + anemia

What's our illness script for Neuro-Behcet's? Men> Women, Brainstem and upper cervical cord involvement, high morbidity

CRP: Sexually transmitted diseases travel together - one predisposes to increased risk of another!

Anemia: Common blood loss (GI), hemolysis (especially in the context of autoimmune), ACD

Others: hormones (testosterone), Vitamins & minerals(Vitamin C, Iron, Folate, B12), Infections (parvovirus), toxins (alcohol)

Testing the hypothesis:

Lymphocytic pleocytosis in CSF + neutrophilic pleocytosis in synovial fluid = Behcet!

Lymphocytic pleocytosis = Autoimmune, exceptions: Pyoderma gangrenosum, Behcet and sweet syndrome

Right IJ thrombus: Inflammatory venous syndrome: Behcet, TAO, relapsing polychondritis

Clinical pearl: In patients with Behcet's, a venous thrombosis should prompt you to look for a PA aneurysm