



03/02/21 Neuro Morning Report with @CPSolvers



Case Presenter: Gabi Pucci (@gabifpucci) Case Discussants: Lauren DeDecker and Ravi Patel

CC: Involuntary movements in L. hemibody

HPI: 68 year old female p/w acute ("I woke up with this") onset choreiform movement L upper and lower limb. She has never had these symptoms before and there has been no change since they developed. They are present during sleep with no alleviating/ exacerbating factors.

No fever wt loss, weakness, or other complaints.

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PMH:
HTN, T2DM

Meds:
HCTZ, Losartan, Omeprazole, Ni modipine, Metformin, Aspirin, Sulpirida

Fam Hx:
Nothing significant

Soc Hx:
Nothing significant

Health-Related Behaviors:
Previously smoked cigarettes

Allergies:
No known allergies

Vitals: Normal

Exam:
Gen: well appearing
Neuro: Awake, oriented to person/space/time

- **CN:** Intact
- **Motor** strength 5 upper and lower.
- Choreiform movements in the upper and lower left limb
- Adequate muscle bulk and tone
- **Reflexes:** 2/4+
- Plantar reflex N bilateral
- **Sensory:** normal
- **Vibration/Proprioception** normal
- **Cerebellar:** normal
- **No meningeal signs**

Notable Labs & Imaging:

Hematology:
Chemistry:
Capillary blood glucose 176 A1c 17.6%

Imaging:
MRI: High signal T1 lentiform nucleus and caudate in R side . Discrete diminished signal in central region of the pons w/ restricted diffusion, attributed to osmotic demyelination, secondary to hyperosmolar state

Dx: Chorea secondary to nonketotic hyperglycemia

Problem Representation:
Elderly female w/ vascular risk factors p/w acute onset left-sided hemichorea

Teaching Points (Gabi Pucci): #EndNeurophobia

- Differentiate between movement disorder and seizure
- Hyperkinetic (tremor, myoclonus, tics - Tourettes, chorea - athetosis and ballismus-, dystonia), and hypokinetic (parkinsonism)
- Figure out the type of the movement - more important than the localization in the movement disorders (**basal ganglia**)
- **Neurologic (structural lesion/neurologic diseases), systemic, drug-induced/toxic**
- Factors that favor hemorrhagic stroke in relation to ischemic stroke (only CT scan to differentiate for sure): Headache at presentation, depression level of consciousness, nausea and vomiting, high diastolic blood pressure
- Cerebellum: needed for precision -> cerebellar ataxia inability to perform and coordinate some movements
- Hyperacute/sudden neurological disorders/deficits: stroke, seizure, toxic-metabolic, migraine (aura), trauma
- Chorea: Huntington's disease: chronic presentation of chorea +psychiatric symptoms. Familial history.
- Subacute: Sydenham's chorea (GASrepto), paraneoplastic/autoimmune mediated, NMDA encephalitis
- Structural lesions that can cause chorea: basal ganglia: classic presentation = subthalamic nucleus
- Systemic diseases: SLE, SAAF, pregnancy. Metabolic: hyperglycemia (can be unilateral). Drugs: cocaine.



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Case Presenter: (@) Case Discussants: (@) and (@)

CC: Record		Vitals: T: HR: BP: RR: SpO ₂ : Exam: Gen: HEENT: CV: Pulm: Abd: Neuro: Extremities/Skin:	Problem Representation:
HPI: -			
PMH:	Fam Hx:	Notable Labs & Imaging: Hematology: WBC: Hgb: Plt: Chemistry: Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag: AST: ALT: Alk-P: T. Bili: Albumin: Imaging: EKG: CXR:	Teaching Points (): <ul style="list-style-type: none">● Record●
Meds:	Soc Hx:		
	Health-Related Behaviors:		
	Allergies:		