06/15/21 Neuro Morning Report with @CPSolvers

Case Presenter: *Vale Roldan(@valeroldan23)* ***Case Discussants***: *Kirtan Patolia (@KirtanPatolia) and Sukriti Banthiya (@sukritibanthiya)*

CC: Blurry vision and fall

HPI: 25M
Blurry vision after carrying furniture followed by a fall. He had bit his tongue.

No urinary or fecal incontinence

Last 2 months: Similar episodes, confused while talking on the phone and pain on his tongue. No symptoms in between episodes.

Vitals: Vital signs: normal.
Exam:
Systemic Cardiac, Pulm, GI normal. Left anterior tongue bite
Neuro
- **Mental Status:**
- **Cranial Nerves:** PERLA, V nerve nl. Slight flattening of nasolabial fold. Tongue midline.
- **Motor:** R-pronator drift.
- **Reflexes:**
- **Sensory:**
- **Cerebellar:**
- **Other:**

PMH:

Meds:

Fam Hx:

Soc Hx:
From Ecuador migrated at 15

Health-Related Behaviors:None. Works on delivery .

Allergies:

Notable Labs & Imaging:
Hematology:
Chemistry:
Negatives: HIV ELISA, RPR, Toxo IgM IgG PCR, Quantiferon (TB)

Imaging:
CT: Nonspecific lucency in L-inf frontal lobe prob edema.
MRI: 2 lesions in the left frontal lobe **9x8 mm** and **11x10mm**. A lesion in the R-Occipital lobe **7x8mm** also w/ a T2 hyperintense intracystic nodule consistent with the diagnosis of cysticercosis.

Problem Representation: Young adult male presents w/ new seizures, found to have R central facial palsy and R-pronator drift and hyperintense lesions in L frontal lobe and R occipital lobe.

Teaching Points (Maria): #EndNeurophobia

- **Blurry Vision:** Eye (lens) + Extraocular muscles and NMJ + Nerves (CN2 - vision, CN3,4,6 - movement) + Unstable (CN8) + Connections (MLF, optic pathways).
  - Increased ICP can cause blurry vision by CN6 palsy or papilledema- CN2
  - MSG almost always has eye involvement.
  - Diplopia divide into binocular and monocular (usually localizes to eye)
- **Falls:** Non Neuro: ortho, CVS + Neuro: sensory + motor + senses (vision, vestibular system, proprioception) + CNS (motor cortex, basal ganglia, cerebellum).
- **Episodic loss of Consciousness:** CV - orthostatic hypotension- syncope, arrhythmias; Seizures.
  - Tongue: *Usually* Biting on lateral aspect of tongue → seizures, biting on tip of tongue → syncope. Biting lips or cheeks → PNES.
  - Stroke after exercises: PFO, cervical artery dissection, aneurysms.
  - Seizure Auras: can help localize - simple visual auras - occipital lobe; dejavu from temporal lobe seizures.
  - If something is episodic or new, wonder about triggers.
  - Localizing with UMN signs: CN7 palsy with only lower face involvement (upper spares upper), pronator drift.
- **Seizures:**
  - Provoked seizures mean acute reversible cause: electrolytes, glucose…
  - Post stroke epilepsy: 6-12 months after stroke.
  - Lesional epilepsy: tumours, infections
- **Traveling/Migration**: Taenia Solium: long life cycle; tapeworms cause GI symptoms, eggs cause neurocysticercosis - causes up to 30% of epilepsy in endemic areas; small lesions - usually no focal findings. Can have coinfection with Strongyloides. Treatment always involves steroids + 1 or 2 antiparasitics.