



07/6/21 Neuro Morning Report with @CPSolvers

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<p>CC: Visual hallucinations</p> <p>HPI: 60 year old man with concern for strange behaviour, getting lost in neighborhood ,talking about little animals, fluctuating status, blank stares, and urinary incontinence over last three years.</p>	<p>Vitals: T: HR: BP: RR: SpO₂:</p> <p>Exam:</p> <p>Systemic</p> <p>Neuro - Sleeps during day, difficult to sleep at night. Agitation</p> <ul style="list-style-type: none"> - Mental Status: Alert and oriented to person. MMSE-20/30 (deficits in calculation, drawing). Abnl clock test. - Cranial Nerves: - Motor: Symmetric Resting tremor - Reflexes: - Sensory: - Cerebellar: - Other: 	<p>Problem Representation: 60 year old male with visual hallucinations, , strange behaviour, fluctuating behaviour with symmetric resting tremor on examination.</p> <p>Teaching Points (Maria): #EndNeurophobia</p> <ul style="list-style-type: none"> ● Visual Hallucinations: eye and visual tract (ie: scotoma, floaters, visual field deficits, Charles Bonnet sx: release hallucinations- retina), seizures (temporal- complex images, occipital-simple geometrical figures), psychiatric (auditory > visual; no insight), migraine (auras), neurodegenerative (LBD- occipital degeneration; non threatening, good insight, "little" people or animals), psychosis (limbic encephalitis, NMDA encephalitis) ● Dementia <ul style="list-style-type: none"> - + Urinary Incontinence + Gait Abnl: NPH (gait abnl - usually first aspect→ urinary, cognitive). - Young Patients: FTD, LBD, Huntington. - Memory abnl >> : Alzheimer. Younger onset can be more atypical. - Stepwise deterioration: vascular dementia. - Reversible causes: tumors, subdural hematomas, toxic and metabolic, infections - neurosyphilis, HIV, B1 or B12, autoimmune encephalitis, sleep apnea. Extensive workup before diagnosing a degenerative untreatable dementia. - Mini Mental Test and Clock Test Analysis: Neglect syndrome: half a clock. Pentagon and Clock Drawing: visospatial dysfunction. Arithmetics and Spelling: Executive function. Registration and recall: memory ● Parkinson and Parkinson Plus: <ul style="list-style-type: none"> - Parkinson symptoms: tremor, bradikinesia, rigidity, gait. Idiopathic Parkinson: unilateral vs LBD: bilateral. Parkinson Plus: parkison"ism" but not parkinson's but still degenerative (LBD, MSA,CBS, PSNP) - + Neuropsychiatric abnl - behaviour: FTD. - Synucleinopathy: Parkinson, LWB, MSA - characteristic to have autonomic instability. Prodrome for synucleinopathies: REM sleep disorders (not atonic during REM, patients act out dreams), anosmia. - + Hallucinations + Fluctuations: LBD. Ha-Lew-cinations + F-Lew-ctuations. Can also have autonomic instability: urinary incontinence, syncope. Cognitive Domains: Visospatial dysfunction and executive dysfunction.
<p>PMH: HTN, DM</p> <p>Meds:</p> <p>-</p>	<p>Fam Hx:</p> <p>Soc Hx: Salesman. From Barcelona.</p> <p>Health-Related Behaviors:</p> <p>Allergies:</p>	<p>Notable Labs & Imaging:</p> <p>Hematology:</p> <p>Chemistry:</p> <p>BMP- nl, TFT, Vitamin B12, Syphilis serology negative.</p> <p>Imaging:</p> <p>Final dx- Dementia with Lewy bodies (DLB)</p>