07/10/21 Morning Report with @CPSolvers

Case Presenter: *Ann Marie Kumfer* ***Case Discussants***: *CPSolvers Family <3*

CC: Altered Mental Status

HPI: 42 year old male presenting with altered mental status, sent from the oncology clinic. Hums in the morning, mental status cleared as the day progressed. For the past week has being more confused, digablin was discontinued. Dx with ITU and was prescribed abx. Facial twitching the past 48 hours. Neg fever, SOB, nausea, vomiting, diarrhea or constipation. Was seen by his oncologist 2 weeks prior and concern for relapsing Hodgkin lymphoma. Bone transplant 10 yrs prior. No on active tx.

Past Medical History: CVA 5 years prior. Type 2 DM. HTN OSA. Hodgkin Lymphoma. Elevated metanephrines in past hypercoagulable workup.

Meds: Digablin. Cefalexin, tazonadine, amlodipine, aspirin, atorvastatin, baclofen, clonazepam, clonidine, simvolta, spironolactone, topiramate, valsartan, ambient.

Family History: None.

Social History: No tobacco, alcohol or drug use. Sexually active with spouse.

Allergies: None.

Vitals: **T**: **HR**:110 **BP**: 130-180/80-100 **RR**:20 **SpO_2**:100

Exam:

Gen: Chronically ill.

CV: No murmurs.

Pulm: Clear to auscultation.

Abd: No tenderness.

Neuro: Able to follow commands, unable to answer questions. Could understand yes/no questions. ⅘ upper extremity strength, 5/5 lower extremity strength. No focal signs. Mild twitching when doing finger to nose exam.

Extremities/Skin: Warm extremities, no rash or lesions.

Notable Labs & Imaging:

Hematology:

WBC: 9.8 (Normal differential) Hgb: 6 MCV 80 Plt: 10 (A week prior platelets were 28 and Hb 10).

Chemistry:

Na: 143 K: 3.5 Cl: 109 CO2: 22 BUN: 25 Cr: 1.17 (baseline of 1) glucose: 279 Ca: Normal Phos: Mag: Normal.

AST: 51 ALT: 16 Alk-P: Normal. T. Bili: 2.9 Albumin: Normal. No gamma gap.

Troponin: 4.26 (mildly elevated)

INR, PT, PTT and fibrinogen were normal.

UA showed RBC & WBCs.

LDH 4500, Haptoglobin less than 20, Retic count 8.8%, Peripheral smear showed schistocytes.

Final Dx: Thrombotic Thrombocytopenic Purpura (TTP)

Problem Representation:

ENG: 42M p/w AMS for the last 48 hrs. PMHx of DM, HTN, Hodgkin Lymphoma w/o actual treatment.

ESP: Paciente de sexo masculino y de 42 años se presenta con alteración del estado mental en las últimas 48h. Historia previa de DM, HTA y linfoma de Hodgkin sin tratamiento actual

POR: Um homem de 42 anos apresenta com alteração do estado mental nas últimas 48h. Tem história prévia de linfoma, sem quimioterapia atual, trata diabetes e hipertensão.

Teaching Points (Rafa):

- **ALTERED MENTAL STATUS IN A 42YO M**
  - MIST:
  - Metabolic (hipo/hypernatremia, hepatic encephalopathy) infection (PNA/UTI in the elderly), structural (subdural hemorrhage), toxin (opioid overdose, alcohol withdrawal)
  - MIST + oncology - infection (immunocompromised) , drug side effect (immune checkpoint inhibitor) , metastasis, hypercoagulability (stroke), paraneoplastic syndrome (limbic encephalitis)
  - Think of neutropenic fever (ANC <500 - Pseudomonas)
- **FACIAL TWITCHING**
  - Tumor lysis syndrome - hypocalcemia
  - Oncologic emergency leading to hyperkalemia (arrhythmias, muscle weakness), hypocalcemia (facial twitching, seizures), hyperphosphatemia (AKI) and hyperuricemia (AKI)
- **REVIEW LIST OF MEDICATIONS**
  - Clonidine, clonazepam, gabalina - very sedating
  - Refractory hypertension - hypertension w/ > 2 antihypertensive drugs
  - Elevated metanephrines + tachycardia - pheochromocytoma
- **ANEMIA + THROMBOCYTOPENIA -** exclude TTP, HUS, DIC (MAHA - schistocytes)
  - HUS + TTP - thrombocytopenia, MAHA , AKI / + feve r+ neurologic symptoms in TTP
  - DIC - elevated PT, PTT / decreased fibrinogen
  - Increased LDH, decreased haptoglobin, elevated reticulocyte count - hemolysis
- **TTP**
  - Inhibition/deficiency of ADAMTS13 - large vWF multimers
  - Increased platelet aggregation and adhesion w/ microthrombi formation
  - Full tetrad <10% cases