



08/17/21 Neuro Morning Report with @CPSolvers

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<p>CC: Brain mass?</p> <p>HPI: 59 year old man was found confused, slurred speech, altered gait, possible facial droop, possible Generalized tonic clonic seizures en route to the hospital. On admission, had normal vital signs, BMP, and UA.</p>	<p>Vitals: T: HR: BP: RR: SpO₂:</p> <p>Exam:</p> <p>Systemic- Poor dentition, pedal edema, small ulcer on right feet.</p> <p>Neuro</p> <ul style="list-style-type: none"> - Mental Status: Awake and alert, Could name simple objects. Perseveration on examination . - Cranial Nerves: Intact - Motor: Paratonia. Normal strength - Reflexes: - Sensory: - Cerebellar: - Other: 	<p>Problem Representation: 59 year old male presenting with confusion, altered speech, poor dentition, ulceration on feet, and imaging studies suggestive of granulomatous process.</p>
<p>PMH: Alcohol use disorder, chronic swelling of leg, cellulitis</p> <p>Meds:</p>	<p>Notable Labs & Imaging:</p> <p>Hematology:</p> <p>Chemistry:</p> <p>Imaging:</p> <p>CSF- WBC- 96, Pro-38</p> <p>Infectious work up- negative Biopsy- Florid granulomatous involvement. Atypical cells with cystic form inside the tissue. PCR- Positive for Balamuthia</p> <p><u>Final dx- Balamuthia Encephalitis</u></p>	<p>Teaching Points (Kirtan): #EndNeurophobia</p> <ul style="list-style-type: none"> ● Brain mass- What it signifies (<i>Tumors, Abscess, Autoimmune diseases mimicking mass</i>). Differentiate by characteristic imaging findings and location (supratentorial vs infratentorial) ● Making sense of past history- Epidemiologic exposures makes us wonder about dimorphic fungi. Drug/Alcohol abuse can hit the immune system→ IE, Abscess. <i>Seeing through the haze-</i> Stroke always high on differential. Need to rule out coexisting pathologies like metabolic or trauma. ● Zooming out/Bigger Picture- Confusion by itself points to meningoencephalitis apart from stroke or metabolic/toxic etiologies. Stroke and seizures can cause confusion depending on the specific site affected. ● Putting imaging studies and CSF in perspective- Significant enhancement (hemorrhages, strokes) with lymphocytic pleocytosis, and granulomatous component on biopsy warrants the suspicion for GAE/Balamuthia encephalitis.