



10/12/21 Neuro Morning Report with @CPSolvers



Case Presenter: Rafa Medina (@Rafameed) case by Gabi Pucci Case Discussants: Lawren W (@pedsm2b) and Kirtan Patolia (@KirtanPatolia)

<p>CC: Difficulty walking 53M <u>14 ago:</u> Diarrhea, 7-8 times/d w/o blood, fat or mucous. Denies fever, and diagnosed w/ CMV colitis tx w/ Ganciclovir. <u>1w ago:</u> Difficult gait, dysarthria, clumsy and impairment of doing rapid movements.</p> <p>Denies: Headache, impaired vision, weakness, sensory changes</p> <p>Feels symptoms were worse a few days ago and are now improving</p>	<p>Vitals: Normal Exam: Systemic Neuro</p> <ul style="list-style-type: none"> - Mental Status: Awake, oriented - Cranial Nerves: Normal - Motor: 5/5 U and L extremities - Reflexes: 2/4, plantar reflex normal - Sensory: Normal. Romberg negative - Cerebellar: Dysdiadochokinesia in U/L limbs, intention tremor and dysmetria in finger-to-nose test and ankle-to-knee test. Wide base gait 	<p>Problem Representation: Middle-age immunocompromised male w/ PHMx of CMV colitis presents w/ difficulty walking and bilateral movement disorders localized to the cerebellum.</p> <p>Teaching Points (Rafa): #EndNeurophobia</p> <ul style="list-style-type: none"> • DIFFICULTY WALKING Be more specific: starting, continuing, or ending movement? Many structures could be involved: CNS (cerebral cortex? Cerebellum? Basal ganglia? Vision? Spinal Cord?) PNS (nerves)? Inner ear problem? Muscles? Neuromuscular junction? Joints? Bones? Clumsy + dysarthria - can localize to the cerebellum • IMMUNOSUPPRESSED PATIENT Consider infectious causes, even if afebrile - eg, JC virus reactivation, VZV encephalitis, post-infectious cerebellitis (more common in the pediatric population) Neurotoxicity must also be considered - tacrolimus • CMV Colitis, transverse myelitis, retinitis, radiculitis, peripheral neuropathy (mononeuritis multiplex) CMV can affect the brain, spinal cord, dorsal column nerve roots, or peripheral nerves CD<50 - be worry about opportunistic infections • PE W/ DYSDIADOCHOKINESIA + INTENTION TREMOR + DYSMETRIA Cerebellum!! Cerebellar vermis - gait ataxia, titubation (tremor of the head or axial body), nystagmus Hemisphere - dysmetria, dysdiadochokinesia, hypotonia or intention tremor in one or both extremities, and dysarthria. Romberg test - test for proprioception, DOESN'T evaluate the cerebellum function!
<p>PMH: Kidney transplant 2 months ago (kidney disease w/o final dx)</p> <p>Meds: Tacrolimus, Mycophenolate, Prednisone, Omeprazole, TMP/SMX, Folic Acid, B complex Vits, EPO, Atenolol, Ganciclovir</p>	<p>Fam Hx: None</p> <p>Soc Hx: None</p> <p>Health-Related Behaviors: None</p> <p>Allergies: None</p>	<p>Notable Labs & Imaging:</p> <ul style="list-style-type: none"> - HIV, Syphilis, hepatitis B and C: Negative - CSF: meningitis, cryptococcus, syphilis, India's ink negative. WBC 0. Prot 35. Glucose 72. Opening pressure 21. Fingerstick glucose 156. - CSF Culture negative. <p>Imaging Brain CT (w/o contrast): NI</p> <p>CSF PRC: CMV positive</p> <p>Final Dx: CMV cerebellitis Ganciclovir was continued and symptoms improved.</p>