



10/08/21 Morning Report with @CPSolvers



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CC: numbness in bilateral upper extremities
HPI: 60 yo F p/w numbness in her bilateral upper extremities in the entire arm , L worse than R. She reports feeling her whole L side of the body weaker than R for around 1 month. Unclear if weakness or numbness started first. She notices the numbness and tingling whenever she's swimming or moving her lawn. No lower extremity numbness. Had a sore throat 1w ago and loss of taste - COVID neg. No fever or chills . No rashes or joint pains. Intermittent sharp chest pain after done swimming. Chest pain not a/w dizziness or diaphoresis. No lower extremity edema, orthopnea, or SOB
 In the past, has had syncopal episodes, she had undergone a stress test at that time which was negative. Had another syncopal episode while biking. Had been feeling fatigued, but denies weight loss or night sweats.

PMH:
 Exercise-induced asthma, GERD, hypothyroidism, depression, IBS
Meds
 Levothyroxine, sertraline, estradiol, fluticasone, topiramate, albuterol,

Fam Hx: LES and thoracic aortic aneurysm in father. Lung cancer in mother.
Health-Related Behaviors:
 No recent travel hx
 No sick contacts
 No tick bites

Vitals: T: 36.7HR : BP: RR:18 SpO₂:100
Exam:
Gen: no acute distress, alert and oriented 2x
HEENT: white plaques on the tongue. No tonsillar/pharyngeal edema or erythema.
CV: RRR normal S1 S2 no carotid bruit
Pulm: clear to auscultation
Abd: soft, nontender, ND,
Neuro: CN II-XII intact. Normal sensation bilaterally. 5/5 strength in upper and lower extremities bilaterally.
Extremities/Skin: brachial pulses not palpable bilaterally. 1+ radial pulse. 2+ distal pulses.

Notable Labs & Imaging:
 WBC: 8.9 Hgb: 13.3 HCT 44.5 Plt:330
 Na: 137 K:4.7 Cl: 101 CO2: BUN: 17 Cr: 0.93 glucose: 94 Ca: 9.8 Phos: nl Mag: nl AST: 18 ALT: 15 Alk-P: 76T. Bili: 0.5 Albumin: 4.2 Total protein: 8
 UA: no nitrites, trace LE, specific gravity 1.031
 Covid neg Lactic acid 0.7, troponin <6, NT-proBNP 28, ESR 60, CRP 7.9
 EKG: sinus rhythm, T wave inversions in lead III. Some specific changes in aVF. T wave flattening in V2V3. No ST segment elevation.
 Vision blurred time to time . 1w ago sudden onset of dull bilateral temporal headaches, ongoing and worsening blurry vision even w/ her glasses. Denies having temporary vision loss. Eye appointment a few months ago - normal, no glaucoma.
 CT: no acute intracranial abnormality No large vessel occlusion. Apparent mild wall thickening along the bilateral subclavian and visualized axillary aa may be artifactual or perhaps 2 to noncalcified atheroma
 B12 537 TSH 2.4 ana<1:40 ANCA neg AchR neg C3 131 C4133 hEP PANEL/IYME/HIV / Erhlichia/Babesia neg EBV early Ab+ RPR neg, treponemal ab neg BP equal on both arms
 MRA chest - mural thickening and enhancement of proximal L subclavian a US temporal a. Duplex - both axillo-subclavian aa consistent w/ possible arteritis **FINAL DX: GCA**

Problem Representation: 60F w/ a PMH of GERD, hypothyroidism and IBS p/w bilateral upper extremities numbness and blurry vision. Found to have imaging consistent w/ arteritis.

Teaching Points (Sukriti):

Investigating the Sx: Weakness + numbness

True neurologic syndrome vs asthenia
 If true neuro Sx, + sensory pathology localises the weakness to the peripheral nerves, central nervous system
 - Peripheral neuropathy - < length independent w/ UE > LE

Collecting clues:

"Sx Worse w/ activity" = Vascular > dynamic compressive process
 Subclavian steal!

Pharyngitis + Systemic Sx: Infectious (atypical organism), malignancy(Leukemia/lymphoma), autoimmune (Kawasaki)

White plaques: Dehydration > mucocutaneous candidiasis --local immunodef vs systemic immunodef

Family history of thoracic aortic aneurysm-- Age of onset! - Atherosclerotic dz> Ehler Danlos, Loeys Dietz

Framing a hypothesis: Neuro Sx + aortopathy = Vasculitis, infection > malignancy

Aortopathy:

Giant cell arteritis - Large vessel vasculitis, predilection for temporal arteritis, 40% pts w/o temporal A involvement
 20% low ESR

- 20 % PMR -> GCA; 60% GCA underlying PMR - ask for shoulder, arm stiffness

Small vessel vasculitis w/ aortic pathology - granulomatosis w/ polyangiitis

Aortitis w/ subclavian = Takayasu's (younger women, inflamm syndrome w/ EN, joint involvement), **Aortitis w/ extracranial invol** = GCA