



# 11/12/21 Morning Report with @CPSolvers



Case Presenter: Catarina Costa (@caterinacmed) Case Discussants: Rabih Geha (@rabihmgeha)

<p><b>CC:</b> 70 yr M, w/ sudden monocular vision loss in left eye.</p> <p><b>HPI:</b> Was in the kitchen and suddenly left eye felt like a curtain falling over his vision. Was advised to go to ED.</p> <p><b>ROS:</b> No nausea, no pain, no fever, no HA.</p>	<p><b>Vitals:</b> T: 38,5 HR:110 BP:110/50 RR: nl SpO<sub>2</sub>: normal</p> <p><b>Exam:</b></p> <p><b>Gen:</b> Well, scared that he wasn't seeing anything on his L eye</p> <p><b>HEENT:</b></p> <p><b>CV:</b> normal</p> <p><b>Pulm:</b> normal</p> <p><b>Abd:</b> normal</p> <p><b>Neuro:</b> Complete loss of vision in L eye. No other abnl.</p> <p><b>Ophtho:</b> Hypopyon (exudate rich in WBC) of left eye and could not do fundoscopic exam due to severe vitritis.</p>	<p><b>Problem Representation:</b> Elderly patient w/ PMHx of severe valvular disease, AFib w/ pacemaker, new DM Dx; p/w sudden monocular vision loss in L eye 2/2, hypopyon and persistent MSSA on cultures after a recent prolonged hospitalization.</p>	
<p><b>PMH:</b> Non obstructive hypertrophic cardiomyopathy MV prolapse w/ severe regurgitation (Prolonged recent hospitalization) Permanent AF Pacemaker for sick sinus syndrome, for over 10 yrs</p> <p><b>Meds:</b> Furosemida Nitroglycerin Anticoagulation for AF (edoxaban) Bisoprolol Spironolactone</p>	<p><b>Fam Hx:</b> -</p> <p><b>Soc Hx:</b> Retired</p> <p><b>Health-Related Behaviors:</b> Doesn't drink nor smokes</p> <p><b>Allergies:</b> None</p>	<p><b>Notable Labs &amp; Imaging:</b></p> <p><b>Hematology:</b> WBC:11.5 (80%N) Hgb: 9,7 (baseline) Plt: 138</p> <p><b>Chemistry:</b> Na: 131 K: 4 BUN: 38 Cr: 1 Glucose: 235 Hb1Ac: &gt;6.5 CRP: 180 ESR: 100 7</p> <p><b>Ophtho:</b> considered endogenous endophthalmitis. Sampled fluid in OR which grew MSSA.</p> <p><b>During previous hospitalization:</b> Febrile</p> <p><b>Blood and vitreous fluid cultures:</b> MSSA, repeatedly.</p> <p><b>Imaging:</b> TTE: no evidence of vegetations. TEE: no vegetations, including in pacemaker catheter.</p> <p>Treated w/ Flucloxacillin, clinical improvement and continuous positive cultures for MSSA.</p> <p><b>PET scan:</b> Multiple cavitation lesions on lung.</p> <p><b>Final DX:</b> <u>Metastatic MSSA w/ endophthalmitis and multiple lung abscesses</u></p>	<p><b>Teaching Points (Rafa):</b></p> <ul style="list-style-type: none"> <li>● <b>SUDDEN VISION LOSS</b> Neurological # non-neurological causes Assume neurological causes until proven otherwise <u>Neurological causes:</u> Stroke (hyperacute / any associated focal deficit?) / tumors (blurry vision, N/V) <u>Non-neurological causes:</u> Embolic causes - afib, endocarditis, vasculitis</li> <li>● <b>BINOCULAR VS MONOCULAR VISION LOSS</b> <u>Monocular:</u> Disorder anterior to the optic chiasm - ocular disease, ischemia, ipsilateral carotid artery disease (central retinal artery occlusion) Embolic cause: increased likelihood - afib- remember that anticoagulation doesn't bring the risk to zero) <u>Binocular:</u> Damage to the optic chiasm, tracts, radiation, or the visual cortex</li> <li>● <b>HYPOPYON ON PE</b> Hypopyon - pus accumulation (i.e, inflammatory infiltrate) in the anterior chamber Seen in endophthalmitis: inflammation of aqueous and or vitreous humor - Klebsiella, S aureus, Candida, Strep A/w keratitis and uveitis.</li> <li>● <b>UVEITIS</b> Uvea: iris + ciliary body + choroid Uvea inflammation - anterior uveitis: iritis / posterior uveitis: choroiditis and/or retinitis A/w HLA-B27 associated conditions, RA, sarcoidosis, JIA</li> </ul>