



12/20/21 Morning Report with @CPSolvers



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CC: Headache
HPI: 40 Y F with a pmh genital HSV, recurrent migraine, persistent headache which started 1 week ago: gradual onset, generalized headache, nausea, presented to the ER with fever of 101.1C, diagnosed w/ acute viral syndrome w/ 1 episode of worsening headache w/ fatigue, neck pain, light sensitive.
ROS: fever, headache, photophobia, no SOB, no abdominal pain, diarrhea, no dysuria, no joint pain

PMH:
 Genital HSV, no active lesions, Last episode: 3 months ago.

 Recurrent migraine-irregular intervals, few times/month, no meds, self resolve or with ibuprofen
PSH: D/C due to Trisomy 21
Meds: ibuprofen prn

Fam Hx:
 HTN, heart disease
Soc Hx:
 Home: Queen's, NY 2 children, husband, daughters, bulldog, 2-3 drinks, monogamous with husband, oral and vaginal sex, no compliants

Health-Related Behaviors:
 Trip to Long Island, no bites

Allergies:
 Neosporin and iodine

Vitals: T: 99.9 HR: 94 BP: 168/80 RR: SpO₂: 98
Exam:
Gen: well appearing, O3
HEENT: nasal and mucosa clear, eyes, pharynx normal
CV: RRR, no murmurs
Pulm: B/I BS
Abd: no tenderness, rigidity,
Neuro: 2-12 intact, no FND, cognition intact
MSK: mild paraspinal tenderness, no nuchal rigidity, ROM intact
 GU exam: not documented but no active lesions per history

Notable Labs & Imaging:
Hematology:
 WBC:6.6 N:69.4, L:22.6, M:6.2, Eo:0.9, B:0.6
 Hgb:13.6 MCV:97.2, Plt: 278
Chemistry: unremarkable
 Na: 139 K:3.4 Cl:102 CO2: BUN: Cr:0.79 Glucose: Ca: Phos: Mag:
 AST: ALT: Alk-P: T. Bili: Albumin:
Urinalysis: clear, yellow, negative for proteins, nitrates
LP: High opening pressure CSF 32, 8 ml, GS, TNC:220, 89% L, 11% M, RBC:8, protein-63, LDH-23, Glucose:46, GS: no organisms,
Imaging:
 CXR: Normal
 CT: negative for bleeding
 HIV:neg, Blood Culture: CONS-Staph epi,
 Tick Borne panel: -ve (for babesia, anaplasma, ehrlichia, lyme),
 CSV PCR: =+ve HSV-2
 At the ED: was given reglan, zofran, morphine, fentanyl, ceftriaxone, vancomycin, acyclovir, and benadryl.
Diagnosis: Mollaret's meningitis [recurrent HSV(2) meningitis]
 Treated with acyclovir

Problem Representation: 40 year woman present to ED with fever, headache with neck pain and photosensitivity with p/m/h of genital HSV.

- Teaching Points (Andrea):**
HEADACHE
- **Primary:** no strict anatomy, associated with syndrome, Example: tension headache
 - **Secondary:** If unchecked put health in risk. Vascular, bleeding. Ongoing fever makes us think about secondary cause.
 - **Meningitis:** headache, photophobia, nausea. Viral or bacterial etiology.
 - **Sensitivity to light:** Infection that can set stereotypical migraine, meningitis, migraine, uveitis (eye disease)
 - **Encefalitis:** Brain is not function properly. Cognition conserved?
 - **Mollaret's meningitis:** unusual syndrome of benign, recurrent aseptic meningitis. The available literature indicates that the causative agent is herpes simplex virus type 2 (HSV-2) in the majority of cases. Current outbreak can increase probability. Genital lesions present in 80% of cases. Recurrent lymphocytic aseptic meningitis before PCR
 - **Encephalitis** is caused by HSV-1
 - **Ibuprofen** cause meningeal irritation
 - **Infectious diseases** that can be transmitted by ticks in Long Island: Rocky Mountain Spotted Fever, Tularemia, and Powassan virus // Bicitopenia+hepatitis: anaplasma + ehrlichiosis
 - **Lymphocytic pleocytosis:** meningitis. Virus (West Nile, HIV), partially treated bacterial (typically bacterial is neutrophilic), listerial (lymphocytic phase). Lupus, sarcoid, malignancy, NSAIDS, ceftriaxone, cryptococcus (capsule obstructs the CNS)
 - **Migraines:** Was it clinically dx? Many pts self diagnose