



# 12/31/21 New Year's Morning Report with @CPSolvers

Case Presenter: Carolyn Kaufman (@Carkauf23) Case Discussants: Rabih and Reza (@rabihmgeha and @DxRxEdu)



**CC:** Weakness  
**HPI:** 53yF in ED w/**weakness**. Reports progressive numbness, **tingling**, weakness in both hands for past 3 months. Fingers feel frozen and she can no longer knit. Has had weakness in arms and legs - can't walk upstairs or lift arm above head. Also reports swelling of legs, feet worse in PM and occasional shooting sensation in hands.

**ROS:** None.

**PMH:** Migraines  
Asthma  
Has not seen a physician for 10 y

**Fam Hx:** Father - Parkinson's and COPD  
Mother - DM

**Soc Hx:** Runs a local home good stores. Travels frequently to Europe and South America.

**Health-Related Behaviors:** No alcohol, tobacco or drug consumption. Monogamous w/wife.

**Allergies:** None.

**Meds:** None

**Vitals:** T: afebrile **HR:104 BP:132/84 RR:16 SpO<sub>2</sub>:96% RA**  
**Exam:**  
**Gen:** non toxic, anxious. Normal weight.  
**HEENT:** Normal conjunctiva.  
**CV:** Tachycardia, otherwise normal.  
**Pulm:** B/l basilar rales. **Abd:** Normal  
**Neuro:** Alert and oriented. CN intact - Normal extraocular movements. Shoulder abduction and hip flexion % b/l. Elbow and knee extension % b/l. Significantly decreased hand grip strength. Reflexes 3+ throughout, including jaw jerk. Diminished vibratory sensation in both hands. Decreased sensation in feet. Needs assistance to walk but no ataxia.  
**Extremities/Skin:** Mild nail clubbing - past couple of weeks. Trace bl LE edema 3+. No rashes or cyanosis.

**Notable Labs & Imaging:**  
**Hematology:** WBC:9.8 (normal dif) Hgb:13.4 Plt:321  
**Chemistry:**  
 Na:138 K:3.9 Cl:103 CO<sub>2</sub>:26 BUN: 21 Cr:0.61 gluc:78 Ca:8.6 Mag: 1.8 AST: 261 ALT:336 Alk-P:60 T. Bili:0.5 Albumin:2.6 HbA1c: 5.2 TSH: 3 B12 420  
**UA:** 2+ protein, 3+ blood, neg nitrites, 2-10WBC, 0 RBC  
 Neg hep panel, Covid neg.  
 ESR 28 CRP 3.1 (high) CK 6735.  
 ANA 1280, atypical speckled pattern. Mildly elevated anti RNP. Positive Jo1 and SSA antibody. Neg anti Smith,anti dsDNA, anti smooth muscle, anti SSB, anti HMGCoA reductase, anti- CCP, RF.

**Imaging:**Echo: normal.  
 EMG wrist: b/l severe median n neuropathy.  
 CT Chest: ground glass opacities, greater in lung bases.  
 MRI Thighs: diffuse intramuscular and perimuscular edema.  
**Final DX:** Anti-synthetase syndrome w/Sjogren's overlap.

**Problem Representation:** 53yF p/w chronic progressive proximal and distal weakness, b/l LE edema and nail clubbing. Workup revealed b/l median n. Neuropathy, myositis and ground glass opacities on chest CT.

**Teaching Points (Rafa):**

- **WEAKNESS**  
Weakness (true - neurological in nature) or asthenia?  
Tingling / shooting sensation - neuro
- **TIME COURSE**  
Hyperacute (seconds) - migraine, stroke, SAH  
Acute (inflammatory) - typical bacterial infections, demyelinating  
Subacute - neoplastic/paraneoplastic/ atypical organisms  
Chronic - neurodegenerative etiologies (AD, PD)  
Acute / subacute - toxins
- **LOCALIZATION**  
Upper - weakness/↑ reflex and tone/ Babinski/spastic paresis  
Lower - weakness/fasciculations/ ↓ reflex and tone/flaccid paralysis
- **EDEMA**  
Associate w/ neuro axis (unusual) or attribute to other common causes such as venous stasis, nephrogenic, hepatic, cardiogenic or lymphatic etiologies
- **CLUBBING**  
Chronic hypoxia - flattening of nail folds  
A/w lung diseases (malignancy, infectious), heart (endocarditis), GI (IBD, cirrhosis), endocrine (Grave's), and malabsorption.
- **UA W/ BLOOD BUT NO RBCs**  
Free hemoglobin (intravascular hemolysis -↑ LDH, ↓ haptoglobin) or myoglobin
- **SJOGREN** - autoimmune destruction of exocrine glands - 1 or 2 w/ autoimmune diseases (SLE, RA). Positive anti-RO and anti-LA.  
Anti synthetase syndrome: anti-tRNA synthetase - ILD, myositis, arthritis, Raynaud