



4/26/22 Neuro Morning Report with @CPSolvers



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<p>CC: severe back pain</p> <ul style="list-style-type: none"> - 73 y.o. M presents to the ED with gradually increasing severe back pain since 2 weeks - Worse in recumbent position and at night - Progressively worse in the last 12h, now with difficulty walking and urinating 	<p>Vitals: T: 37 HR: 104 BP: 122/83 RR: SpO₂: wnl on RA Exam: appears uncomfortable Systemic: no abnormalities Neuro</p> <ul style="list-style-type: none"> - Mental Status: alert and oriented x3 - Cranial Nerves: wnl - Motor: UE 5/5, LE 3/5 - Reflexes: UE wnl, LE 3+ bilaterally, upgoing toes bilaterally - Sensory: decreased sensation up to the umbilicus - Cerebellar: wnl - Other: point tenderness over T10 and 11, decreased rectal tone 	<p>Problem Representation: 73yoM with PMH of advanced prostate cancer and radiation therapy p/w severe back pain for 2 weeks worsened by recumbent position and at night progressing with urinary incontinence.</p>
<p>PMH: Advanced prostate cancer treated with radiation tx; DM type 2</p> <p>Meds: Metformin</p>	<p>Fam Hx:</p> <p>Soc Hx:</p> <p>Health-Related Behaviors:</p> <p>Allergies:</p> <p>Bladder catheter with 800 ml of clear urine</p> <p>Imaging: MRI spine: thoracic spinal metastasis</p> <p>Final Dx: Spinal cord compression due to spinal metastasis Tx: i.v. GCC to decrease local edema and neurosurgery consulted to decompress</p>	<p>Teaching Points (Debora): #EndNeurophobia What is in and around? Neck, articulation,vertebrals, muscle, articulations, discs, synovial, spinal cord, conus medullaris, epidural space, subarachnoid space (e.g.meningitis), CSF. Back pain → causes: Articulation, muscle, nerves, multiple myeloma, articulation, malignancy, metastasis, infections (e.g. TB), spondylolisthesis, GBS, referred pain to the back. Asking: age, physical, how started, tempo, paralysis, loss of sensations, diffuse pain. Red flags: Urinary incontinence, history of malignancy, B symptoms, chronic infections, wake at night, associated with movement, some positions, at night. Different diagnosis: Acute spinal cord compression syndrome can cause the difficulty of walking, prostate cancer can cause hydronephrosis, low calcium, metastasis, osteomyelitis and ankylosing spondylitis. Myelopathy: can be delayed and progressive to the spine. Radiation can affect every area. Neurology complications in patients with systemic cancer → 3 things X axis: Malignancy, chemotherapy, radiation + 4 things Y axis : Direction tissue damage, (Mechanisms: Direct infiltration and adjacent tissues leading to compression), vessels and coagulation (e.g. bleeds, stroke, vasculitis, vasculopathy), nutrition (e.g. vitamin disord because of the side effects of the chemotherapy, cachexia, weight loss), immunity (e.g. infections, cytopenias, paraneoplastic syndrome). UMN → everything goes UP: Hyperreflexia, positive babinski, increase tone, weakness in a pyramidal. Pathology localization brain and spinal cord. An insult to UMN (brain, spinal cord) does not immediately present with hyperreflexia → First hyporeflexia, hyperreflexia takes takes time to develop! Epidural abscesses can present with no signs/symptoms of inflammation due to encapsulation and the isolated local process.</p>