



4/15/22 Morning Report with @CPSolvers



Case Presenter: Gabriela Pucci (@gabifpucci) Case Discussants: Rabih Geha (@rabihmgeha) and Reza Manesh (@DxRxEdU)

CC: Headache
HPI:
20yF w/ 15-day hx of headache, feels a pressure on forehead R-side, area of pain is characterized as a circle around 2cm on R forehead; didn't subside, continuous, mild-pain, not aggravated by laying down, physical activity or Valsalva maneuver. Never experienced a similar headache before. Denies nausea, photophobia, phonophobia, weight-loss. Some night-awakenings due to pain, pulsatile nature. Use of NSAID: pulsatile pain improved, pressure still persisted. 2 weeks before the headache she had myalgia, chills for a few days, which spontaneously ceased. No hx of trauma.

PMH:
 Gonorrhea 2y ago - treated

Meds: none, except for recent NSAIDs

Fam Hx: Mother with migraine

Soc Hx: from Brazil

Exam:
HEENT: pain due to palpation on R forehead; occipital nerve palpation normal, normal temporal arteries, no rashes or skin lesions, sensory exam normal in that region; temporo-mandibular joint normal

Neuro: normal, incl. Fundoscopy, no meningeal signs

Notable Labs & Imaging:
Imaging:
 CT w/ contrast: normal
 A few days later, she started to notice a bump on her forehead (location of pain) right before the MRI
Brain MRI: high T2 signal and soft tissue formation
Brain CT: osteolytic lesion on frontal bone w/ irregular border w/ adjacent soft tissue swelling

Bone biopsy: Osteomyelitis; no signs of neoplasia

Serology:
 HIV, HepB/C neg
 VDRL 1 / 8 , Syphilis IgM positive (Both tests were negative 3 months before)

Final dx: Secondary Syphilis

Treated w/ 3 doses of Penicillin G benzathine; pain and edema disappeared. Follow up image negative for osteomyelitis

Problem Representation: 20 y/o F presented 15 days of headache localized due to palpation on R forehead, continuous, mild pain, pulsatile with night awakes. PMH of gonorrhea. Bone biopsy: Osteomyelitis. Syphilis IgM positive.

Teaching Points (Debora):
 Headache can be presented in kidney stone, gout, emotional, infections (meningitis).
Has the triage is correct? The causes can be an abdominal or a thoracic catastrophe, substance, psychiatric.
Primary: tension, trigeminal or a **secondary:** Infection, neoplasm, vascular, elevated ICP.
Characteristics of the headache: The patient wake during the night can be for a increased intracranial pressure and the 15 days is involving something else.
 Mnemonic for the **diagnosis of migraine** → **POUND:** Pulsating, duration of 4-72 hOurs, Unilateral, Nausea, Disabling. In primary care when the 4 POUND symptoms are present the probably to be a migraine is 92% and with 3 symptoms the probably is 64%.
Red flags (SNOOP): Systemic symptoms (fever), Neurologic deficits, Onset (new or changed, thunderclap, older age), Papilledema/pulsatile tinnitus/positional/pregnancy/precipitated by Valsalva.
MRI can be better for a tumor, stroke and posterior fossa lesions. But in this case a **CT** can be better to see the localization (unique like in this case) and the bones.
Bones disorders can be **primary:** osteosarcoma, chondrosarcoma or **secondary:** cancer, infections, sarcoid.
 20 years old with Osteomyelitis the causes can be: infections (bacterial, fungus), hematogenous, traumas, surgery.
DDx solitary skull lesion: metastases, solitary plasmacytoma, infection (tb, syphilis), metabolic disorder (Paget's dz, Hyperparathyroidism).