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# Morning Report with @CPSolvers

Case Presenter: Rabih Geha (@rabihmgeha) Case Discussants: VMR Family :)



<p><b>CC:</b> I don't know why I am here</p> <p><b>HPI:</b> Older man in wheelchair</p> <p>2 weeks of AMS Slowly progressive behavioural change</p>	<p><b>Vitals:</b> normal</p> <p><b>Exam:</b> <b>All normal except behavioral changes</b></p>	<p><b>Problem Representation:</b>  <u>ESP:</u> Paciente se presenta a la guardia confuso, desorientado en tiempo y espacio. Con antecedentes de osteoartritis y cáncer de próstata, no confirmado. Examen físico normal, excepto por los cambios de comportamiento.  <u>GER:</u> Ein älterer Herr mit subakuten Persönlichkeitsveränderungen mit vorbekanntem Prostata-Ca und Arthrosen. Im Labor zeigen sich Anämie und erhöhte AP. In der Bildgebung diffuse osteoblastische Knochenmetastasen, Leber- und Lungenmetastasen.  <u>ENG:</u> An elderly man w/ subacute encephalopathy w/ signs cortical focality in the frontal lobe, diffuse osteoblastic bone mets, liver- and lung-masses w/ a PMH of prostate cancer.</p>
<p><b>Past Medical History:</b> Osteoarthritis</p> <p>Prostate cancer - PSA 5 → 10</p> <p><b>Meds:</b> NSAIDs</p>	<p><b>Family History:</b> Lives with his daughter</p> <p><b>Imaging:</b> CT C/A/P - diffuse blastic lesions in rib, spine, pelvis and one big lesion in L femur</p> <p>3 large liver lesions Extensive pulmonary nodules</p> <p>PSA 15</p> <p><b>Final Dx</b> - Small cell cancer of the prostate</p>	<p><b>Teaching Points (Seyma):</b></p> <ul style="list-style-type: none"> <li>• <b>Disorientation:</b> AMS: MIST (metabolic, infectious, structural, toxins) Vs. 6 S of LOC (Stroke, Sugar, Syncope, Seizure, Sleep, Substance) → Is it a transient loss of consciousness; acute on chronic?</li> <li>• <b>Note to ourselves:</b> Give patients as much as control as possible; 1. Assume worst-case scenario, 2. If uncertain, get collateral information</li> <li>• <b>Delirium:</b> acute, fluctuating; causes: "I WATCH DEATH"-mnemonic (infection, withdrawal, acute metabolic, trauma, CNS pathology, hypoxia, deficiencies, endocrinopathies, acute vascular, toxins, heavy metals)</li> <li>• <b>AMS:</b> Rx&gt;Dx (Sugar, Narcan); Focality (cortical: personality: frontal lobe/language: temporal lobe; myoclonus, akathisia: basalganglia; focality (sensory/motor/cortical/basal ganglia); suggests an intracranial issue             <ul style="list-style-type: none"> <li>• <b>Old person w/ behavioral changes in a subacute time course:</b> Cortical (frontal lobe; e.g. Phineas Gage)</li> </ul> </li> <li>• <b>Complications of prostate cancer:</b> bone metastases (hypercalcemia can cause AMS, rather non-focal); rare to have brain mets w/o any spinal cord pathology; urinary obstruction, metabolic abnormality</li> <li>• <b>Neurological complications in patients w/ systemic cancer:</b> 3 things in X axis (malignancy, chemotherapy, radiation) + 4 things in Y axis (direct tissue damage [direct infiltration and adjacent tissues leading to compression], vessels and coagulation [bleed, stroke, vasculitis, vasculopathy], nutrition [vitamin disorder due to side-effects of chemo, cachexia, weight loss], immunity [infections, cytopenia, paraneoplastic syndromes])</li> <li>• <b>Alk-P:</b> bone, liver, rarely placenta; most common cause of isolated elevated AP is Pagtes dz</li> <li>• <b>Multiple myeloma:</b> CRAB → actually starts as BARC; normal AP; no soft-tissue masses</li> <li>• <b>Osteoblastic lesions:</b> Prostate cancer (high AP and PSA, almost never soft-tissue masses!, very rarely in lung or liver), carcinoid, SCC, Hodgkin, medulloblastoma, POEMS</li> <li>• <b>Most prostate-cancers are adenocarcinomas;</b> switch to SCC possible (SCC differentiation of prostate cancer: esp. after long-standing hormone-suppressing therapy because it only affects adenocarcinoma-cells, not neuroendocrine cells; mechanism similar to antibiotic resistance; only 3% of prostate cancer are SCC (SCC: 97% lung; other GI, cervix) =&gt; SCC doesn't equal lung</li> <li>• <b>Framework:</b> Subacute encephalopathy w/ signs of focality (frontal lobe mets); soft-tissue mets + underwhelming PSA =&gt; SCC- diff. Prostate cancer</li> </ul>