7/19/22 Neuro Morning Report with @CPSolvers

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CC: Diffuse Pain and Weakness.

27F, presents after several weeks of worsening muscle pain, weakness, difficulty walking.
Worse in upper extremities, and worse in morning, difficulties with daily activities due to stiffness and pain in neck.
Besides pain no other sensory abnormalities, no other symptoms.

Anxious about moving or being touched.

PMH: -

Meds:

Fam Hx: Type 2 Diabetes, Thyroid problems

Soc Hx:
-

Health-Related Behaviors:

Allergies:

Vitals: **T**: **HR**: **BP**: **RR**: **SpO_2**: vitals normal
Exam:
Systemic
well appearing, diaphoretic,
Tachycardia, rest of cardiac exam nl,
Tenderness to palpation and light touch to neck and shoulders.
Visible muscle spasms - **painful**
Neuro
- **Cranial Nerves:** nl
- **Motor:** Can raise arms only up to 90 degrees,
- strength intact except shoulder abduction 4/5
- **Reflexes:** nl.
- **Sensory:**
- **Other:** Gait - "rigid" gait.

Notable Labs & Imaging:
Chemistry:
CK 405, CRP 17 ,ESR 47 (all mildly elevated)

Imaging:
Chest CT left anterior superior mediastinal mass + pleural mass

Fine Needle Aspiration of mediastinal mass -> thymoma

GAD65 Antibody positive
Acetylcholine Antibody positive

Final Dx: **Stiff Person Syndrome**

Problem Representation: 27yo F p/w subacute progressive muscle weakness and pain, worse in morning w/ no other sensory abnl., Painful muscle spasms and rigid gait on clinical exam and mediastinal mass found on imaging.

Teaching Points (Yazmin): #EndNeurophobia

- Weakness differential: is it acute/subacute/chronic, localization, if it is accompanied by pain, if it is proximal/distal symmetric/asymmetric
  - It can be the predominant feature of primary muscle disorders: dermatomyositis, polymyositis and necrotizing myositis.
  - Subacute course prioritizes vascular or inflammatory etiology (HIV complications, trichinosis…)
  - Viral and bacterial tend to have an acute course.
  - Reflexes are preserved in myopathies.
- Pure motor neuropathies are more common than sensorimotor neuropathy.
- GAIT: Genetic, Associated with systemic disease, Inflammatory, Toxic.
  - Medications that can cause muscle weakness: Amiodarone, Prednisone, Antiretroviral medications, Fluoroquinolone, HMG-CoA reductase (-), Hydroxychloroquine, Penicillamine.
  - Genetic: metabolic myopathies/mitochondrial myopathies
- SPS: Women predominantly, Glutamic Acid Decarboxylase 65 and anti-amphiphysin(+) antibodies → Affects spinal cord and brain, px have painful spasms, rigidity, impaired mobility, heightened sensitivity to noise, sudden movements and emotional distress. → EM
  - Paraneoplastic has more significant stiffness in the neck and upper extremities
- Lambert-Eaton sx. Improves with exercise and movement, starts with proximal limb muscles. Confirmatory test: anti-VGCC Abs
- Myasthenia gravis: Associated with thymomas, starts with weakness of the extraocular muscles and worsens with exercise, reflexes are normal. Confirmatory test: AChR antibodies