



# 8/3/23 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Larissa (@) Case Discussants: Rabih (@rabihmgeha) and Marino (@marinojrod)

**CC:** 50 y/o female insidious headache started 5 days ago

**HPI:** Two days prior went to ER and was diagnosed with viral infection and discharged with meds, fever occurring at shorter interval, worsening intensity since then, no chronological st a/c/w/ fever, nausea, bilateral photophobia  
ROS: - respiratory symptoms, seizures

**PMH:**  
Asthma  
Hypothyroidism

**Meds:**  
Levothyroxine

**Fam Hx:** sister died from dengue  
**Soc Hx:** lives in rural area, poor sanitary conditions, no clean water, vegetables not sanitary  
House is close to river  
Lives in area endemic to dengue and schistosomiasis (and other vector-borne infections)

**Health-Related Behaviors:**  
drinks only on weekends  
**Allergies:** NKA

**Vitals:** T: febrile HR:72 BP: 101/70 RR: 14 SpO2 97%

**Exam:**

**Gen:** alert, oriented, hydrated

**HEENT:**

**CV:** regular rhythm rate, no murmurs

**Pulm:** normal vb sounds

**Abd:** no tenderness, no guarding, no megalys, no peritoneal irritation

**Neuro:** no changes, neg kernig and brudzinski

**Extremities/skin:** preserved, no edema or ashes.

**Notable Labs & Imaging:**

**Hematology:**

WBC: 7.5K Hgb:13.2 Plt: 267,000

**Chemistry:**

Na: 137 K: 3.8 Cl: CO2: BUN: Cr: 0.8 glucose: Ca: Phos: Mag:

AST:normal ALT: normal Alk-P: normal T. Bili: Albumin:

Nasopharyngeal swab - COVID negative

LP: 360 cells diff lymphocyte predominant protein 35, glucose 50, lactate 8 mg/dl

-ve BACTERIAL culture in LP

LP PCR TB negative

LP PCR for enteroviruses, specifically echoviruses positive

**Final dx:** Viral (echovirus) Meningitis

**Problem Representation:** A 50 YO F w 5 day hx of insidious headache a/c/w/ fever and nausea, bilateral photophobia, with a prior diagnosis of viral infection. Physical exam was unremarkable except for high temp, and the first work-up labs were notable for 360 cells diff lymphocyte predominant protein 35, glucose 50 lactate 8

**Teaching Points (Oumaima):**

- Seek to label the problem more precisely to look for the right data
- Fever + Headache : Non specific but can also be localizing to the CNS ( Encephalitis - Meningitis )
- The headache could be misleading ( Look for other differentials other than CBS ),
- Secondary causes of headache : Intracranial - Pericranial and systemic (Presence of fever can be a clue to the latter)
- Photophobia: Unilateral ( Glaucoma - migraine ) vs bilateral (Meningitis)
- Lymphocytic predominant CSF: Viral - Fungal - Parasites (Schistosomiasis)
- Insidious onset meningitis are less likely to be caused by bacteria, more likely viral
- Tick-borne / Parasitic meningitis : Generally accompanied by CBC abnormalities
- Viral meningitis (endogenous vs from outside): Herpes viruses - Enteroviruses - Arboviruses Dengue
- Echoviruses: enteric cytopathic human orphan virus
- Exposure history doesn't mean the patient doesn't have one of the three common viruses : Herpes - HIV - enteroviruses