



10/10/23 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Navpreet Singh(@) Case Discussants: Ravi (@rav7ks) and Maddy(@MadellenaC)

CC: A 50 yr old female presenting with numbness & tingling of left hand and left feet for 1 day.

HPI: Patient suffered hot flashes, lightheadedness, Loss of consciousness that lasted for 20 sec, jerky movt in all extremity 2 days ago while having dinner that recovered on itself. Next morning patient reported pins & needle-like sensation that worsened on walking. No hlo headache, tongue biting, palpitation, abdominal pain or weakness were reported. H/o intentional weight loss 30lb over 1 yr.

PMH: Similar episode 1 yr back while showering that recovered by itself

PSH: Umbilical hernia repair, C-section

Meds:

Fam Hx: Mother had h/o valve replacement, Father had h/o colon cancer.

Soc Hx: No smoking, No alcohol consumption.

Health-Related Behaviors:

Allergies: N/A

Vitals: T: 97.8HR: 75 BP:178/114 RR: 18, SpO2 96% Room Air
Exam:
Gen: Alert, Resting
HEENT: Normal
CV, Pulm, Abd : Normal
Neuro: Alert, bulk motor strength, gait normal, no weakness, Romberg sign negative, CN exam normal, pins & needle sensation in lower extremity, Babinski negative
Extremities/skin: No edema, strength normal

Notable Labs & Imaging:

Hematology:
WBC: Hgb:13.4, MCV 88.9 Plt:nl

Chemistry:
Na, K, Cl:nl BUN & Cr:nl glucose:nl Ca, Mag: normal
AST, ALT,Alk-P: nl Albumin:nl, Troponin:nl

Imaging:
EKG: normal, CT head & CT Angio: normal
LP: pending-> Oligoclonal bands
MRI: Hyperintense white matter lesion in Periventricular region & corpus callosum, Demyelination also noted at C2 level.

Tx: Methylprednisolone-> Improvement of symptoms.

Dx: Multiple Sclerosis

Problem Representation (Amanda):

50 yr F presented with numbness and tingling of the left hand and feet, along with a hot flash, headedness, and LOC. She had a similar episode 1y ago when showering.

Teaching Points (Jia):

- **Sensory complain**
Nerve pathway (localization): peripheral nerve, surrounding tissue, spine, brain, thinking about time course, unilateral vs bilateral
- **Peripheral neuropathy:** mononeuropathy vs polyneuropathy, etiology: toxicity, autoimmune, vascular, metabolic
- **LOC:** may indicate upper CNS conditions
- **Seizure**(Prodrome/episodes/post Sx)
Prodrome: positive Sx- hyperactivity,pain, numbness; negative Sx- sensory loss; post Sx: tongue bite, incontinence, postictal state
- **Vascular:** TIA, presyncope, syncope, vasovagal episode(hot flash, lightheadedness)
- **Recurrent Sx: trigger** (shower, dinner)
- **What heat would cause:** vasodilation->low BP (pts with cardiac or systemic vascular conditions may be more fragile to that), autonomy dysfunction, exhaustion->chest pain, muscle cramps, polycythemia, **Uhthoff's phenomenon**-> related with demyelinating disorders
- **Neuropathy involvement:** motor vs sensory; axonal vs demyelinating
- **BP: HTN urgency vs emergency**
Organ damage: CNS, heart kidney, vascular, encephalopathy
- **LP:** superficial finding can reveal meningitis, encephalitis, subarachnoid hemorrhage; Further investigation can help with autoimmune disease
- **Multiple Sclerosis:**
Epidemiology: common in 20-40 yo F
Sx: Spreading in SPACE(numbness, autonomic dysfunction-hotflash, BP) and TIME (intermittent episodes)
Dx: history and physical findings, MRI, and CSF/blood studies
Tx: Disease-modifying therapy (such as glatiramer acetate, interferon-beta preparations,etc.) + steroids in acute relapses