



# 10/11/23 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Clara Warden(@) Case Discussants: Maddy (@MadellenaC) and Sharmin(@Sharminzi)

**CC:** 96 yo F presents with 5 days of **fatigue, headache** and 2 **falls** with sense of **imbalance**

**HPI:** The pt had 2 falls on the day of presentation with head hit, accompanied by **non-bloody emesis**, 3 episodes of **loose stool**. In the past 1-2 month, the pt felt poorly with **SOB and cough**, especially with exertion. She had a **weight loss** around 18-20 pounds with decreased appetite. Denies fever, chill, night sweats and palpitation.

The pt self-tested **Covid 19 positive** and took paxlovid at home 5 days ago.

**PMH:**  
Hypertension  
HLD  
Pre-DM  
Osteopenia  
Carotid endarterectomy

**Meds:**  
Allopurinol  
Amlodipine  
ASA  
Atenolol  
Calcium carbonate,  
VitD, VitE, Iron

**Fam Hx:**  
unremarkable

**Health-Related Behaviors:**  
Former smoker, quit 31 years;  
No alcohol use

**Allergies:** NA

**Vitals:** T: afebrile HR: 56 BP: 124/57 RR: 11 SpO2: hypoxic w/ 2L nasal cannula

**Exam:**  
**Gen:** well appearing , no acute distress  
**HEENT:** nl  
**CV:** regular rate and rhythm, no murmur  
**Pulm:** reduced R sided lung sounds on lower lung field  
**Abd:** soft and nontender, no splenomegaly  
**Neuro:** nl  
**Extremities/skin:** bruise over the right side of head

**Notable Labs & Imaging:**  
**Hematology:**  
WBC: nl Hgb: 8.2 Plt: nl  
**Chemistry:**  
Na:113 K:4.3 Cl: 80 BUN: 0.6 Cr: glucose: nl  
Serum **osm low**, urine **osm low**, UNa 64  
1L NaCl -> no improvement of sodium -> admitted to ICU  
**Imaging:**  
CT head: no subdural hemorrhage  
CXR: Right side pleural effusion  
CT: no mass detected  
Thoracentesis → Cytology consistent w/ malignancy

**Dx:** **SIADH 2/2 non-small cell adenocarcinoma**

**Problem Representation:** 96 yo F with fatigue, headache, imbalance, cough and weight loss. Found to have severe hyponatremia.

**Teaching Points (Maryana):**  
**Fatigue:** non specific symptom  
**Falls** = opposite of walking: sensory input, coordination, motor output - what is the problem?  
Were the falls associated with LOC?  
Associated: cardiovascular (lightheadedness, syncope), medication side effects  
Fall: what caused the falls and what are the consequences - importance of neuro exam (epidural x subdural hematoma), fractures  
More associated symptoms: acute x chronic  
Gastrointestinal causes for emesis - importance of abd exam  
Hypoxemia: COVID 19? Could explain the loose stools  
Headache + emesis + fall: intracranial causes -> secondary HA?  
Reduced lung sounds  
**Severe hyponatremia - serum osmolality:** hypotonic x isotonic x hypertonic  
Acute hyponatremia: pt would be very symptomatic -> more probable to be chronic  
Hypotonic hyponatremia: associated with ADH?  
SIADH due to lung cancer? Makes sense due to lung findings -> needs better characterization  
SIADH: neurologic causes, endocrinopathies, infections  
Legionella: pneumonia associated with hyponatremia  
Diagnosis ended up being SIADH due to non-small cell adenocarcinoma.