# 12/22/23 Morning Report with @CPSolvers

*"One life, so many dreams" Case Presenter: Navpreet (@navpreetcheema1)  Case Discussants: Rabih (@rabihmgeha) and the Team*

**CC**: 26 yo F bilateral LE & UE weakness

**HPI**: Since 3 months ago: intermittent perioral numbness.
since 2 months ago: intermittent nausea, vomiting, poor appetite.
Since 1 month ago: bilateral LE pain, numbness and weakness. Progressive bilateral hearing impairment.
Since 15 days ago: bilateral UE weakness.
Since 1 week ago: unable to walk, uses wheelchair.
Past 5 months: Weight loss of 40 lbs.

**PMH**: Anxiety, Lyme disease (treated 10 years ago), HTN
Ear wax de-impaction 1 month ago
**Meds**: Lisinopril 10 mg Qday, Zofran 4mg PRN, Gabapentin 300 mg TID.

**Fam Hx**: HTN in father

**Soc Hx**: No pets, lives with BF, 1 sexual partner since 6 years.

**Health-Related Behaviors**: smokes cannabis.

**Allergies**: none

**Vitals: T: 37 HR:** 120 **BP:** 100/60 **RR:** 18/min, SpO2: 99% on RA.
**Exam:**
**Gen:** awake, alert, anxious
**HEENT:** Wnl
**CV:** Regular rate and rhythm, no murmurs. No JVD. No LE edema.
**Pulm:** Non laboured breathing, clear to auscultation, no wheezes or crackles. // **Abd:** Normal bowel sounds, soft, nondistended and non-tender. No supra pubic tenderness.
**Neuro:** Alert, oriented, difficulty reading fine print, dysarthric, can count fingers, bilateral hearing loss. Motor strength: LE 4/5, UE 4/5. Sensory: hypersthenic. Gait: ataxia, unable to bear weight. Coordination: poor finger to nose, dysdiadochokinesia.
**Extremities/skin:** normal

**Notable Labs & Imaging**:
**Hematology**:
WBC: 9.6k Hgb: 16 Hct: 44 MCV: 101.1 Plt: 97 K
**Chemistry**:
Na: 129 K: 2.8 Cl: 81, HCO3: 24, BUN: 15 mg, Cr: 0.7, glucose: 83 Anion gap: 5 mmol/L Ca: 9, AST: 26  ALT: 49  Alk-P: 50 Albumin: 4, Total protein: 6.4
Total bili: 1.5, PT/INR: 1.2. T3, TSH, PTH: normal, HbA1c: 5.9
Urine toxicology: positive for benzo, cannabinoids, opiates
B-HCG: -, HIV -, B12 normal, p-ANCA -, c-ANCA -.
Celiac antibodies: gliadin, transglutaminase IgA and IgG -.
Blood culture: -
**Imaging**:
EKG:  normal, sinus tachycardia
CXR:  normal
Head CT: normal, MRI brain and spine: normal
CT abdomen pelvis with contrast: no occult cancer, numerous large and small bowel air-fluid levels suggesting a mild ileus
CSF: elevated proteins, albuminocytologic dissociation

**Dx: CIDP**

**Problem Representation**: 26 yoF w/ a PMH of Lyme disease treated 10 yrs ago, HTN, and active cannabis use p/w chronic bilateral lower and upper extremity weakness preceded by perioral numbness, progressive bilateral hearing loss, and weight loss.

**Teaching Points (Tansu)**:
Weakness: **Asthenia** (Sense of fatigue/reduction in energy/no focal or sensory symptoms, presence of anorexia) vs. **Neurologic** (Dropping objects/herself, focality, accompanying sensory, autonomic, cognitive sx, no anorexia).
Exam is the GS. Respiratory involvement (Neck flex/extension as a proxy).
Inability to walk (neuro dimension) +  body mass reduction (asthenia). **Weight loss** → inflammatory (infection, malignancy) or non-inflammatory (no access or desire for food, malnourishment, malabsorption, meds e.g. bupropion).
**(+) sensory component** → myopathy, postsynaptic NMJ less likely; **no cognitive symptoms** → brain less likely. **No change reflexes, urinary, bowel symptoms** → Myelopathy less likely. Presynaptic NMJ problem?
R/O hypoglycemia, hypocalcemia, get POC-electrolyte panel, POC glucose.
**Dysarthria + cerebellar signs** → prominent cerebellar involvement (involvement of brainstem, posterior fossa, diffuse NS disease problems still in question).  Reflexes: low → diffuse process. Cerebellum involvement → space occupying mass/vascular (ischemic/hemorrhagic)/inflammatory problem? Get MRI w/contrast, elucidate localization, investigate causes of wt loss.
Normal albumin, Hgb → decreased probability of  inflammatory causes (test for HIV, don't forget paraneoplastic 2/2 malignancy). **Utox** → benzo/opioid use disorder? → could be manifesting as the pt's symptoms. **Macrocytic anemia** → Check B12 def, N2O in canned whipped cream, cannabinoid hyperemesis syndrome? Check Mg level (hypokalemia), scan the chest+abdomen for malignancy. → **Neg. imaging, neg. serology, normal B12, hypokalemia, hyponatremia, MCV + PLT normalized w/ supportive tx.** MRI r/o compressive mass & large stroke.  Perioral numbness, hearing loss → Inflammatory, antibody-mediated autoimmune disease, post-EBV cerebellitis, post-Lyme, substance use (occult toxin, nutritional def/ Bismuth: cryptic hard to treat cerebellar syndrome?) Osmotic demyelination syndrome? → Get LP, CSF antibody profile, Lyme abs, bismuth level. Dx: Chronic inflammatory demyelinating polyradiculoneuropathy via LP & CSF analysis.