



RECAP MAGAZINE

November 23' Edition



VMR: November, 9

Jerky Movements with Rabih and CPS' Team

A wild ride through incidental findings leading to a surprising Dx

Main Podcast: November, 9

You are Resilient, even if you don't know it

A heart-warming conversation on a cardiologist extraordinaire's journey

Weekly Newsletter: November, 13

Episode 308 Recap - RLR 105 Fever

RR's fascinating discussion on a case of a young woman with high fever, tachycardia, and mild leukocytosis

Schema: November, 6

Diarrhea Thought Train

A detailed yet concise overview on acute and chronic causes of diarrhea

ATTENTION
PLEASE!

This is an interactive magazine! Click to listen to the episodes, visit website pages and go to a specific section of the content.

CPS VMR

Jerky Movements - November 9th

CASE SUMMARY: TRAIN OF THOUGHT:

72 year-old male presents with 2 days of **jerky movements**, impaired speech, difficulty moving the right upper limb, fever, hypoxia and a **central brain mass on MRI** with minimal enhancement.



- **Jerky Movement:**

Implies a movement disorder that moves the limb across a joint - Not a tremor or fasciculation.

Prioritize seizure (most probable), myoclonus or dystonia (sustained, not jerky).

- **Brain mass:**

Ddx for brain mass:

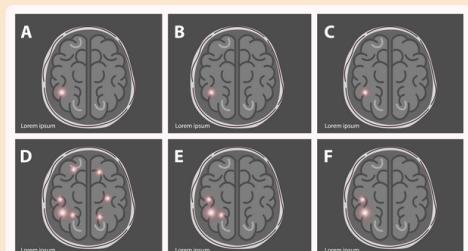
most common causes: cancers (metastatic>primary).

Non malignant: infection!

Other: autoimmune (demyelinating dz) and subacute ischemic stroke (mimic).

Attention!

Fever + brain mass: think of abscess.



LIVE
Join us live!

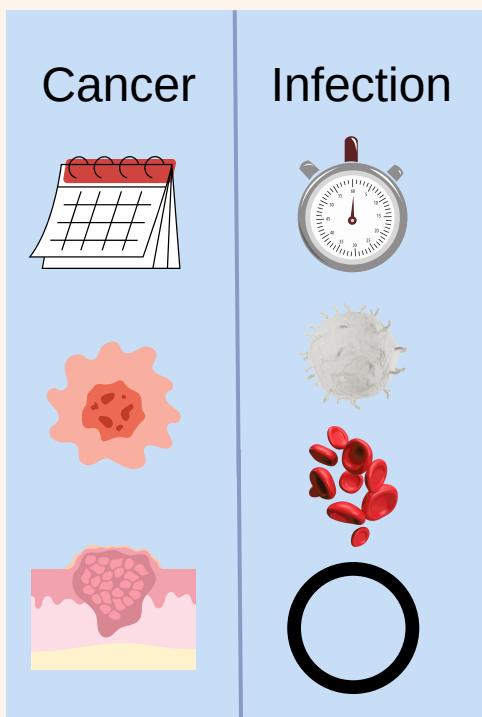
Watch the whole session here!



Jerky Movements - November 9th

CASE SUMMARY:

- Fever
- Central brain mass
- Leukocytosis



LIVE
Join us live!

TRAIN OF THOUGHT:

Cancer x infection:

- In general, cancers progress less quickly than infection. Repeat the imaging - if it grows significantly, prioritize infection.
- Fever + WBC + very rapid growth = leaning towards infection.
- Multiple emboli in the brain: consider endovascular origin of the infectious process.
- Subdural collection + ring enhancement with diffusion restriction = suggestive of brain abscess.



[Watch the whole session here!](#)





VMR



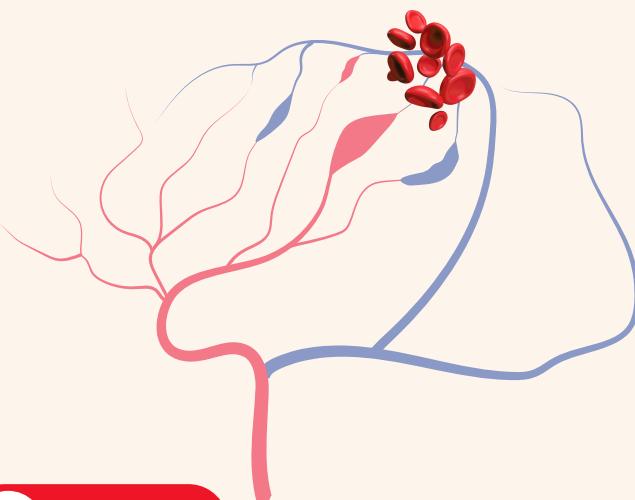
Dx

Jerky Movements - November 9th

CASE SUMMARY:

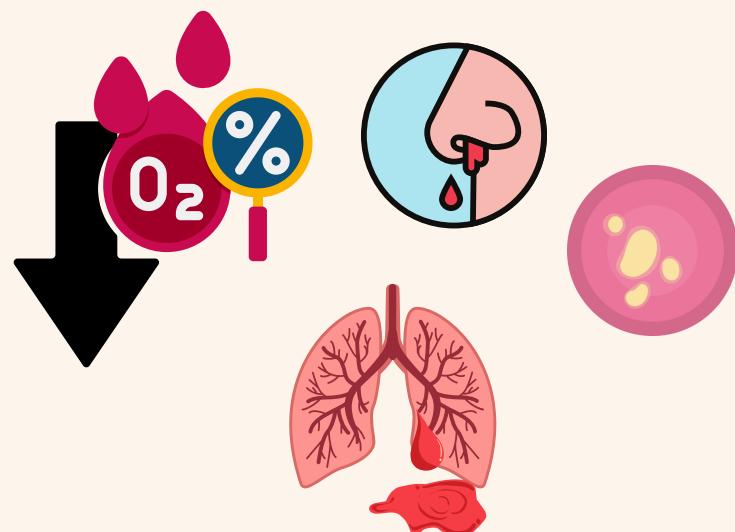
- 72 year-old male
- 2 days of jerky movement
- impaired speech, difficulty moving the RUL
- Fever
- Hypoxia
- Central brain mass on MRI
- Leucocytosis
- Increased bronchovascular markings.

P.S.: History of fall on the face and **nose bleed** at the hospital.



FINAL THOUGHTS:

Low oxygen saturation + nose bleeding + multiple brain abscesses = Arteriovenous Malformations (AVMs) bleeding in nose and shunting in lungs.



AVMs compromise the lung's ability to protect the brain from infiltration by small organisms, resulting in the formation of multiple brain abscesses.

LIVE
Join us live!

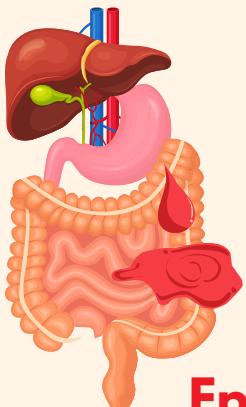
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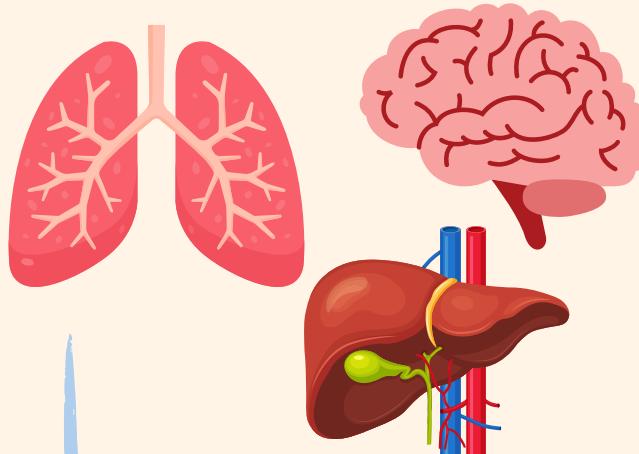


Hereditary Hemorrhagic Telangiectasia

Vascular disorder inherited as an autosomal dominant trait with varying penetrance and expression



Epistaxis, GI bleeding, iron deficiency anemia, mucocutaneous telangiectasia



Lips, oral mucosa and fingertips

Arteriovenous malformations (AVMs) affect the pulmonary, hepatic, and/or cerebral circulations

Pulmonary AMVs allow systemic venous blood to bypass the normal pulmonary circulation, resulting in paradoxical embolic stroke, brain abscesses, migraines



Right-to-left shunts: blood cannot be oxygenated → hypoxemia → erythrocytotic stimulus → clinically significant levels of secondary polycythemia

 **LIVE**
Join us live!



Watch the whole session here!



CPS MAIN PODCAST



Dx

Episode 310 - WDx Episode #26: "You are Resilient, even if you don't know it"

Sharmin, Kaylin and Jane interview **Dr. Risheen Reejhsinghani** - a warm, kind and wise cardiologist extraordinaire, who is also a Clinical Associate Professor in the Division of Cardiovascular Medicine at Stanford.

This powerful quartet talked about not having it all figured out throughout the process, while revisiting Dr. Reejhsinghani's **journey as an IMG**, and later as an attending.



In her words, ***“as you keep doing these milestones of scary things, you learn that you have the capability of doing it - more than you expected from yourself. You make it through. Again, no one’s an island, no one’s making it through on their own, there’s always support and you need to ask for it”***.

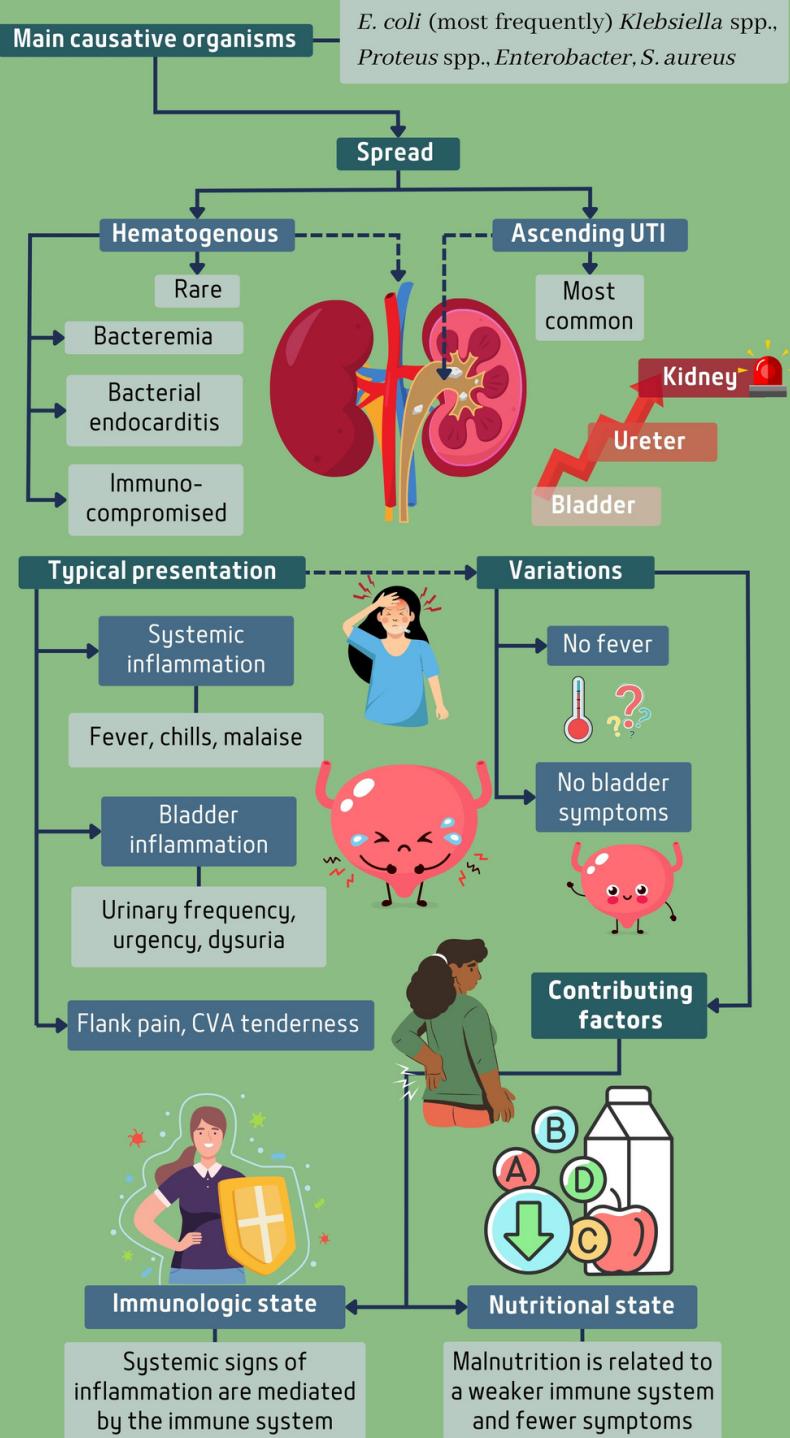


 [Listen to the episode here!](#)



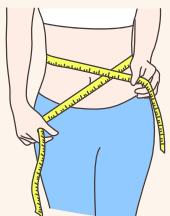
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ACUTE PYELONEPHRITIS



Teaching points:

- Anorexia nervosa + infections** = may not be able to mount a typical immune response, such as fever, partly due to low metabolic state.



- 20% of patients with pyelonephritis don't have bladder symptoms; 10% don't have flank pain.**

- Pyelonephritis complications:** perinephric abscess, renal vein thrombosis, papillary necrosis, AKI, and emphysematous pyelonephritis.

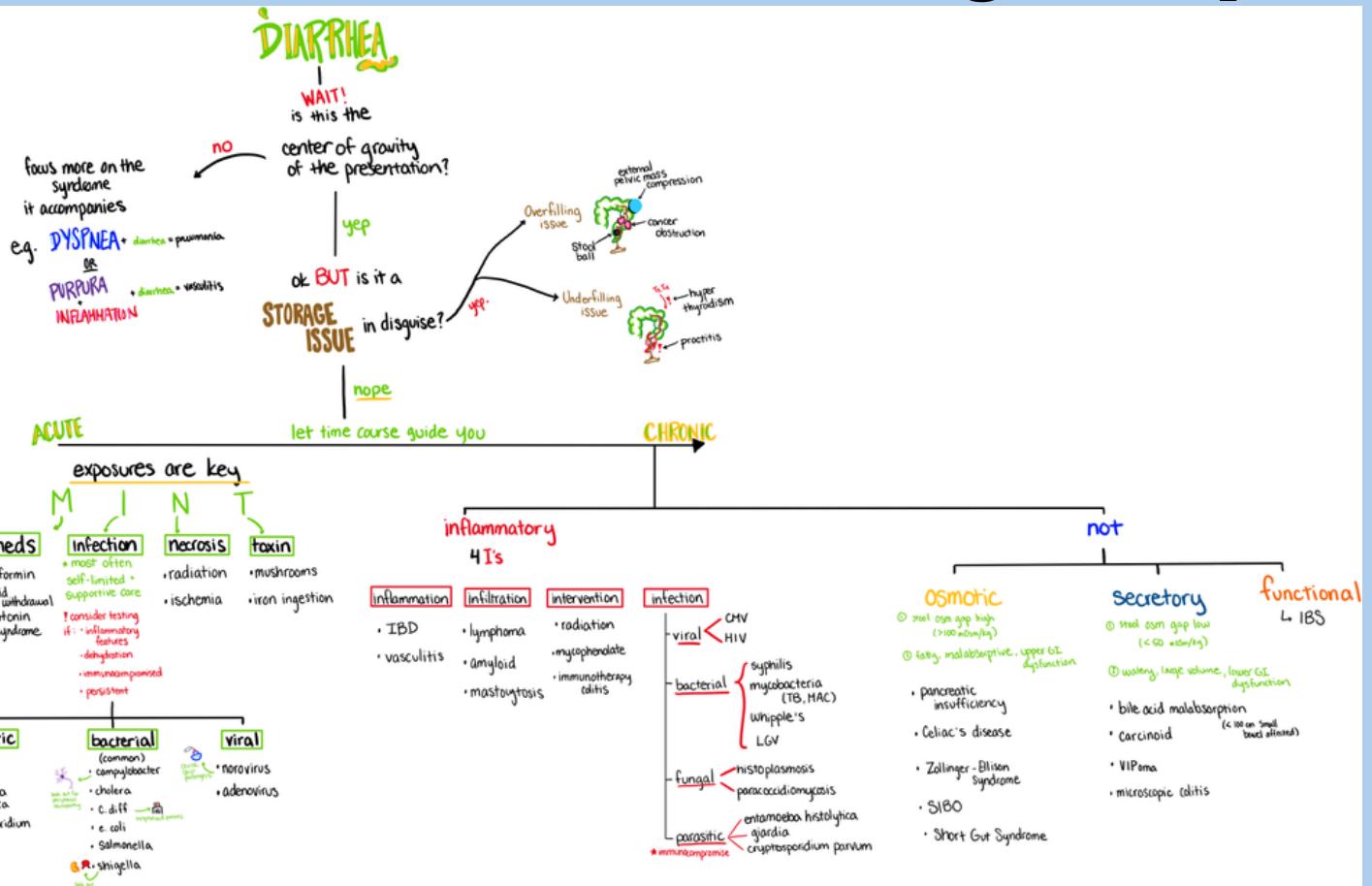


Listen to the episode here!



CPS SCHEMA

Is diarrhea the center of gravity?



 Click here to see
the whole schema



**If so, let time
course guide you**



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**Thank you for spending your time
with us this month!**

**We can't wait to see what we'll
learn with you in December!**

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