



03/12/24 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: John Black Case Discussants: Ravi (@rav7ks) and Jasdeep Bajwa (@JasBajwa18)

CC: 26 F, w/ burning sensation and numbness 3-4 days

HPI: Stroke alert in L&D triage in pregnant women 18 weeks, translator service having trouble understanding history, father of baby presents at bedside. Difficulty in speaking (finding words).

Fatigue and generally weakness, father of baby was helping her in ambulation, 1 w prior ED visit headache, fatigue, back pain, Hb 9.5, no imaging, attributed to pregnancy and anemia. She and her husband are from Afghanistan, moved to US 6 mo prior to presentation, staying in hotel, no prior care, first pregnancy, treated for chest infection with Abx about 2 years ago.

PMH: no prior spontaneous abortion.

Meds: no medication.

Fam Hx: Soc Hx: no sick contact, no animal exposure.

Health-Related Behaviors: no tobacco alcohol
Allergies:

Vitals: T: 37.2 HR: 97 BP: 105/62 RR: SpO2: 94% RA
Exam: Gen: no acute distress, anxious, well nourished.

HEENT: mucous membrane moist.

CV: RRR, no peripheral edema.

Pulm: clear

Neuro: awake alert symmetric, no dysarthria, 5/5 strength, face symmetric, diminished sensation light touch in LE, no focal deficit.

Fetal HR: 140

Notable Labs & Imaging:

Hematology:

WBC: 12; neutrophil predominant (75%) Hgb: 10.2 MCV 76; Plt: 436k

Chemistry:

Na: 134 K: 3.8 Cl: 101 HCO3: 23 BUN: 11 Cr: 0.43 glucose: nl Ca: 9.1; AST: 12 ALT: 8 Albumin: 3.0; total protein 8.0.

Imaging:

CT head: no acute intracranial abnormality, no large vessels occlusion/innumerable pulmonary nodule.

Chest CT: Innumerable pulmonary nodules, random distribution pattern, mediastinal & bilateral hilar LN 7 mm. // Brain MRI: nonspecific abnormal signal L sylvian fissure involving insula and temporal lobe with abnormal signal into dorsal pons. // Spine MRI: nonspecific abnormal signal in C3-C4, L ventral epidural tissue extension from T11-L1, extending dorsal and right lateral epidural tissue at L4-sacrum extending into right neural foramina resulting in severe spinal canal stenosis.

Covid, flu, RSV, HIV (-). Urinary histo/blastoc Ag: (-). Cryptococcal fungitell: (-). ACE: nl Quant gold indeterminate. // Bronchoscopy: (-) gram stain, no malignant cells. Cytology: mixed inflammatory cells. // Echo: normal RV, LV, no vegetations. LP: GLC 30, Protein 53, WBC 53 (64% PMN; 16% monocytes, 20% lymph); ACE: nl; ADA 3 (0-9) Ig index ? no oligoclonal band, NAA neg, opening pressure : 18 cmH2O. MTB negative. Bx epidural tissue and BAL: MTB NAA positive Dx: Disseminated TB

Problem Representation 26 y/o previously healthy, pregnant patient presents with neuropathy, headache, fatigue was found to have neutrophilic leukocytosis, diffuse pulmonary nodules and numerous spinal as well as cerebral abnormal signals in the MRI in the context of disseminated TB.

Teaching Points (Anmolpreet):

I] We need a thorough neurologic examination for Code Stroke.

Complications of pregnancy: Amniotic fluid embolism (delivery), thrombosis (pregnancy in itself is a thromboembolic state)

II] Young girl having numbness and burning sensation in hands with progressive worsening of symptoms might indicate a spinal cord problem/nerve compression.

III] **SCAN** for AMS! (Glucose-which can mimic stroke-like sx, CT Scan, ABG, Narcotics overdose)

6S for LOC: sugar, syncope, stroke, sleepiness, substance, psychogenic

IV] **Nodular lung lesions:** could be anything ranging from: infections, inflammatory, autoimmune, tumors

Distribution/Pattern? - Centrilobular/perilymphatic randomly distributed

The pt seemed to have Randomly distributed nodules:

1. Septic pulm emboli 2. Histiocytosis 3. Pulmonary metastases 4. Miliary TB

V] Pregnancy in itself is a state of immunocompromise, but considering the case; it would be important to know the immune status of the patient; prior some chest infection raises concerns for a reactivation!

VI] We think of TB/Melioidosis/Metastases/infiltrative like IgG4/autoimmune like GPA/Lymphoma/Endemic mycoses.

We need AFB, NAAT, LDH, Lymph node biopsy!

VII] Bowel/bladder deficits are imp. to be assessed to think of a Neurosurg. consult because of the lower spinal cord involvement.

VIII] RIPE crosses placenta but not necessarily cause any toxicity to fetus (Ethambutol-controversial)

IX] Sensitivity and specificity of the tests for TB is really unreliable. One can never really rule out TB!