



05/28/24 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Minahil Ramzan(@) Case Discussants: Andrew (@ASanchez_PS) and Mark (@Mark_Heslin)

CC: 46 yo male presenting to the ED with confusion

HPI:
History was provided by the patient's wife. This morning: Confusion, difficulty concentrating, hands tremor, sudden fall with a one min-seizure, and involuntary urination. Postictal confusion noted; no similar episodes in the past

ROS : A week of persistent dry cough. No myalgia, N/V/D.

PMH:
Pulmonary TB (2010)

Meds:

Fam Hx:
Not significant

Soc Hx:
Radiology technician for 21 years. Quit two months ago.

Health-Related Behaviors:
Smoking 1 pack per day for 25 years
NO illicit drug use
Allergies:

Vitals: T: 100 F HR: 63 BP: 110/ 70 RR: 20 SpO2 95%
Exam: Gen: pale confused man lying in bed, drooling
Pulm: Inspiratory crackles
Neuro: confusion, not oriented in time, place and person
GCS 12/15 E3 V4 M5 hyperreflexia in knee and ankle joint, normal motor strength and sensation / unremarkable fundoscopy/ flying catch tremor, stiff neck

Notable Labs & Imaging:

Hematology:
WBC: 11.5 (lymphocyte dominant)Hgb:13.8 Plt:
CSF:opening pressure 10 WBC 370 PMN 35% Monocyte 48%
lymphocyte 35% Glu 67 Protein 233 RBC 0
Chemistry:
Na:140 K: 4Cl: HCO3: BUN: Cr: 100 mmol glucose: 80 Ca: 8.9 Mag:
1.5 Lactate 1 ESR 17

LFT: AST:37 ALT: 42
Imaging:
Head CT: Diffuse meningeal enhancement, Periventricular hypodensities
Chest CT: multifocal bilateral ground- glass opacities, consolidation, fibrosis, upper lobe scarring
Anti seizure meds initiated and corticosteroids given due to suspected radiation exposure.
Condition worsened -persistent fever and shallow breathing Spo2 90% ABG: 7.39/43/81/22
On day 1, the patient did not mention his hobby of keeping and trading exotic birds, particularly parrots.
IgG C. psittaci positive. Tx: Doxycycline

Dx: Psittacosis

Problem Representation: 46 yo male with a hobby of keeping exotic birds presented to the ED with one day of confusion, hands tremor, seizure, and a week of persistent dry cough.

Teaching Points (Elena):

1. Causes of AMS: **MINT** - Metabolic (Na, BUN, Uremia, Ammonia, Urinary retention), Infection (in young patients more likely inside the CNS, in old patients more likely extracranial), Neurologic (broad DDx), Toxic (incl. withdrawal)
2. Managing life threatening causes of AMS: **SCAN** (Sugar, CT Head, aBG, Narcotics)
3. Subacute cough: **Pulm-CNS syndromes** (infections involve both CNS as well as Lungs; nocardia, fungal, embolic, hypervirulent Klebsiella, Mycobacteria), post viral predisposition for meningoencephalitis
4. **PMH of TB** - various ways it can travel to the brain: inflammation along the whole neuro-axis; examples: TB meningitis/encephalitis, tuberculoma, basilar meningitis (MRI!), abscess
5. **Empirical treatment for Meningoencephalitis:** Vanco (Staph spp.), Ceftriaxone, >50 Years Ampicillin (listeria coverage), Aciclovir (hydration to avoid crystal nephropathy), Steroids (Strep pneumo meningitis)
6. CSF lymphocytic/monocytic pleocytosis: **Viral** (esp. HSV, CMV, EBV, HIV, West Nile), endemic mycoses, atypical bacteria like legionella or listeria
7. **HSV encephalitis:** MRI 90% sensitive (temporal epileptogenic!), usually unilateral temporal hypodensity, hemorrhage can occur and lead to deterioration even after initiation of antiviral treatment
8. Infections associated w/ **birds:** Psittacosis, Crypto, Histo