



# 05/14/24 Morning Report with @CPSolvers

“One life, so many dreams” Case Presenter: Deepa, Caitlin and Dr.Mehta(@) Case Discussants: Ravi (@rav7ks) and Andrew (@)



**CC:** 67 M headache and left Lower extremity weakness

**HPI:**

Using NSAIDs for headache  
Symptom progressed to left LL weakness, subsequent urinary retention- 2 days  
Grand Mal seizures during CT - Rx w/ Lorazepam

ROS: Denies fever, chills, rash, congestion, chest pain, palpitations, SOB, back pain, myalgia

**PMH:**  
Asthma

**Fam Hx:**  
Nil

**Soc Hx:** Visiting from China, camps from midwest

**Meds:**  
Dexa 0.75 OD  
PO x 1 yr

**Health-Related Behaviors:**  
No alcohol, drug, sexual behaviour

**Allergies:** NKDA

**Vitals:** T: 38 HR: 113 BP: 137/91 mmHg

**Exam:** No acute distress. No rash

**HEENT:** Normal

**CV:** S1S2 normal. No rubs/gallops/murmur

**Pulm:** B/L wheeze

**Abd:** soft nontender

**Neuro:** CN-Normal. Upper limbs- Normal(Motor, sensory, reflexes)  
B/L LE weakness(L >R). LLE %, (L) Knee flexion (-) Right - plantar flexion %, against gravity 3, Normal sensation B/L LE. Urinary catheter in place  
No nuchal rigidity

**Notable Labs & Imaging:**

**Hematology:**

WBC: 3.7(L) Hgb:14.2 Plt: 137

**Chemistry:**

Na: 138 K: 3.9 Cl: 105 HCO3: 25 BUN:15 Cr:0.63 glucose:183  
AST/ALT/ALP: Normal Albumin: nl  
Hiv negative Cryptococcus: negative tick borne: negative

**Imaging:**

CT: No acute intracranial abnormality  
LP: leukocytosis 149 (elevated mononuclear) protein >500 mg/dl  
glucose 63  
MRI brain + spinal cord: No compression on the spinal cord  
Myelitis, multifocal in the cervical and thoracic cord  
Encephalitis PCR: Positive for Varicella

**Dx:** Varicella VZV induced transverse myelitis

**Problem Representation:** 67 yo M w/ PMH of grand mal seizures, recently camping in the Midwest presents w/ a 1 week history of headache and lower extremity weakness, progressing to urinary retention over the past 2 days, with preserved sensation but decrease motor function in both legs

**Teaching Points (Elena):**

- SNOOPPP** - mnemonic for secondary headache red flags
  - Our patient: systemic findings, multifocal neurological deficits, >65
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- Seizure:** V-MIST (AMS)
- Urinary retention + lower extremity weakness:** Spinal cord disorders (myelopathy - compressive/metabolic, epidural abscess via Bastons plexus) OR Neurological disorder (MS, ALS)
- Dexamethasone** if taken for a longer time and/or in high doses causes an **impaired T-cell function** state that makes the patient prone to **intracellular infections** like Tb, Listeria, Nocardia, fungal infections, nocardia, actinomycosis, viral
- Lung-Brain infectious syndromes:** Nocardia, Fungal infections depending on epidemiology, embolic diseases (cardiac/non-cardiac), hypervirulent Klebsiella, mycobacteria
- Infectious causes of mononuclear cells in the **CSF:** Viral, fungi, atypical infections like listeria, brucella (exposure/travel Hx)