



7/23/24 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Valeria Roldan (@) Case Discussants: Aaron Berkowitz(@) and Aye Thant(@) 30p

CC: Altered mental status

HPI: 30 yo F presents w/ confusion, agitation and “fear of dying”. For the last 2 days, inc. agitation, aggressive, “worried of dying” and has repeated what other people say and do. Whisper and talks alone.
ROS: URI a week ago during a surf trip to Peru. Denies seizures, headaches, fever, motor weakness or abnormal limb or face movements.
Psych: Initiated haloperidol, lorazepam and olanzapine. 12 hours later -> stiffness on her whole body, tachycardia and fever.

PMH: unremarkable

Fam Hx: unremarkable

Meds: Oral contraceptives - AUB

Soc Hx: Alcohol socially and marijuana once or twice a week

Health-Related Behaviors:

Allergies: no

Vitals: T:38.5 HR:105 BP:110/75 Sat O2:98% RR:14

Exam:

Gen: awake, alert, didn’t follow commands nor speak, sporadic grunting, catatonic person in an uncomfortable position.

CV, Pulm and Abd: normal.

Neuro: impaired swallowing. Diffuse muscle stiffness. ROTs: 2/4. With passive muscle movement we could change the position of the extremities.

Notable Labs & Imaging:

CBC and CMP normal

Chemistry: CRP 50 CPK 300. Toxicology neg.

Imaging:

EEG: Diffuse slows waves.

CT: normal.

LP: Opening pressure 15, leukocytes 10(lymph pred), protein 100, RBCs 5, CSF Herpes simplex, zoster and enterovirus PCR - normal.

Gluc normal.

Brain MRI: Normal.

2° Brain MRI w/ contrast: Hyperintensities in the left hippocampus and diffusion restriction in the ipsilateral lobe.

Transv USG: Normal.

2° LP: Normal. PCR neg.

Anti NMDA atb positive

Dx: NMDA autoimmune encephalitis.

Problem Representation:

Young otherwise healthy woman p/w AMS and a viral prodrome developing EPS.

Teaching Points (Julia): AMS → MIST and 6S (seizure, stroke, psychiatric, sleepiness, sugar, syncope)

Causes: Systemic >>> neurologic cause vs. psychiatric

Localisation: brain (not spinal)

Time-course

hyperacute: seizures(post-ictal state), hemorrhagic stroke (mass effect) >> ischemic; e.g. reticular activating system: thalamus, hippocampus (visual symptoms), brain stem, basilar, inferior division right MCA
acute: meningitis, encephalitis
subacute: limbic encephalitis, dementia, mass lesion)

AMS = ?? → clarify: delirium (attention), global encephalopathy, focal

1) Psychiatric presentation (delusion, agitation, hallucinations) + 2) young woman + 3) infectious prodrome?

- **infectious:** limbic encephalitis
- **inflammation:** (demyelinating:ADEM)
- **autoimmune:** anti-NMDA-R encephalitis (50% w/ovarian teratoma),
- **toxic/metabolic conditions**

Stiffness → meningitis, acute dystonic reaction 2/2 anti-dopaminergic meds, serotonin syndrome, acute dystonia

Differential in a young woman w/ psych symptoms: anti-NMDA R encephalitis: look for dysautonomia (swing in HR) + fever + EPS (oropharyngeal dyskinesias, akathisia)

> **LGI-1 limbic encephalitis** (faciobrachial dystonic seizures in 50%)

MRI can be normal/unspecific in **autoimmune mediated encephalitis** look for CSF-abs whereas **HSV-encephalitis** would show temporal lobe hyperintensities

isolated **PCR** is more sens. for HSV than **multiplex**, *cave* PCR not very sensitive for cryptococcus

Autoimmune mediated encephalitis

Cell surface(NMDA, LGI-1) = pathologic Abs NOT always associated w/cancers - treatment w/Ab removal (more treatable)

intracellular(anti-Hu anti Jo) - almost always associated w/underlying cancer, unclear whether pathologic or a side phenomenon