10/14/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Olive Osaaghae Case Discussants: Anu Pandit and Anisha Dua @anisha_dua

CC: 69 yo F behavior changes and global decline

HPI: A 69 yo F presents with behavior changes and global decline for the past month. She is less interactive for the past weeks, very quiet, using one sentence to communicate.

ROS: no fevers, chills, sob, cough, abd pain, urinary pain, or other urinary symptoms. No joint pain, rashes or photosensitivity.

PMH: Strokes 2013 - L and R internal capsule
Memory deficits
HTN
Glaucoma

Meds:
Amlodipine
Aspirin - held
Atorvastatin - held

Fam Hx: non significant
Soc Hx: special education teacher, no miscarriage, married with 3 children
Health-Relat Behaviors: (-) alcohol, tobacco and drugs
Allergies: no

Vitals: T:101 HR:87 BP:135/73 SatO2 91% on RA
Exam:
Gen: tired, fatigue, white sclera
HEENT: no mouth lesions, moist mucous membranes, hypopigmented patches on scalp with residual scarring
CV, Pulm, Abd: nl
Extremities/skin: no pitting edema RLE, no rashes
Neuro/ Psych: flat affect, minimally interact, slow to response. AO x3, 3 word recall. Moving all extremities normally.
MSK: No joint tenderness, preserved range of motion. Upper extremity strength 5/5, synovial thickening of the R 2nd PIP joint

Notable Labs & Imaging:
Hematology: WBC: 2,9 Hgb:12,2 Plt: 126 Ht 27 TSH 4,51 T4 0,43 Vit b12
Chemistry:
Na: 141 K: 3,7 Cl: 105 HCO3: 26 BUN: Cr: 1,08 baseline 0,7 glucose random: 142 AST: 21 ALT: 10 Alk-P: 61 Albumin: 3,5 T bili: 0,5 ESR 39 CRP 7,1
UA: protein 30. Nitrites/LE nl
Blood cultures: neg, legionella /Strep Ag neg. Syphilis/HIV neg.
UA: protein 10 mg/dL, negative. Urine / Creat: 7,9
Imaging: **Echo:** EF: 61
CXR: Bilateral patchy basilar interspaces opacities c/f bronchopneumonia
Brain CT: infarct of left internal capsule/ anterior thalamus
MRI Brain: two small infarcts in temporal lobe and internal capsule.
ANA:1:1280. dsDNA 118. RNP high C3 61 C4 23. **APLS workup**: Neg
Smith high SSA and SSB neg. Ribosomal P ab: 4
Management: Start hydroxychloroquine + pred
LP: Protein 39 gluc 109 total nuclear cells 3, no oligoclonal bands
Autoimmune encephalopathy panel: normal
Cellcept + Pred was started - clinically stable right now, normal C3 and C4. Reduced dsDNA
Dx: Neuropsychiatric Systemic Lupus Erythematosus

Problem Representation: 69 y/o Female with p/mhx of Strokes, HTN and memory deficits presents with subacute progressive cognitive decline and behavioral changes from baseline. Found to have fever with mild elevated CRP/ESR, proteinuria, bicytopenia, new AKI and negative infectious workup

Teaching Points:

- CNS-AMS/Rheum Sx: Start broad (MIST) and keep Rheumatologic conditions in the background (SLE, CNS vasculitis (stepwise decline), autoimmune encephalitis).

- Rheum Clinical Construct Builders: +/- Fever, scalp lesions, tenderness, rash, plaques, patches, synovitis + patterns (Mono, oligo, poly - symmetric/asymmetric/additive), stiffness, inflammatory features, axial vs peripheral. // Serologies (up-down probability) ANA, when high pre-test is good screening BUT + is common w/o meaning + autoimmune disorder. ENA (extractable nuclear ag) more specific test. // Low Complement (SLE, liver dysfunction, cryo, endocarditis, Igg4) // ANA titer does not correlate to severity of disease or need to be trended. Ribosomal P ab: increase prob of CNS involvement on SLE, but no part of criteria

- Cytopenia - SLE // Recurrent Strokes (Pumps - Pipes - Plasma) // (Endocarditis, LV thrombus - Vasculitis, RCVS - Hypercoagulability).