



01/22/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Elena Storz Case Discussants: Sharmin Shekarchian (@sharminzi), Vale Roldan (@valeroldan23)



CC: 45 y M ,bought by EMS after tonic clonic seizure.

HPI: Pt is incarcerated and was assaulted last night, he reported that 2 people attack him with fists and unknown object after which he **lost consciousness**,and experienced a seizure. Consequences of attack were **multiple facial hematoma , laceration to lower lips,hematoma of Lt ear , pain overlying facial injuries and ribs.** He denies dizziness,lightheadedness, nausea,vomiting , abd pain , visual changes , chest pain , fever , chills or SOB.

On evacuation of Lt ear hematoma , pt had **another episode of tonic clonic seizure.**He was given benzodiazepine which resolved the symptoms.Patient become oriented after episode of seizure.

PMH: hypothyroidism , epilepsy status post traumatic brain injury- head bobbing & R arm shaking, bipolar disorder ,anxiety disorder,alcohol use disorder(currently in remission) , chronic hyponatremia (baseline Na:upper 120s),
Meds:Levetiracetam(Keppra), valproate,aripiprazole,trazodon e, losartan,levothyroxine, atorvastatin ,metformin

Fam Hx:unknown
Soc Hx:no sick contact , not sexually active
Health-Related Behaviors: Denies recent substance use or alcohol consumption
Allergies: unknown

Vitals: wnl **BMI:** 33
Exam: **Gen:** awake,alert,oriented
HEENT: orbital hematoma around swelling,lower lip laceration,no neck tenderness
CV: wnl
Pulm: wnl
Abd: wnl
Neuro:Alert x4 , follow command,intact CN,EOM, strength & sensations
MSK:dry, warm ,well perfused skin , no rash

Notable Labs & Imaging:
Hematology:
WBC:nl Hgb:nl Plt:nl

Chemistry
Na:**124** K:**3.9** Cr:0.6 BUN:5 Ca: 8.5 Glu:128 Cl:88 CO2:36
LFT:normal
Serum.osm:280 , Urinary.osm: **216** , Urinary sodium: **49**

Imaging:
Ct head , CXR : neg for fracture

On **Day 3** rapid response called for for hyperacute AMS & large volume emesis. O/E pt was sleepy , not responding to questions,groaning to sternal rub ,moves all limbs , protecting airway , Pupils: RRR , pulses : palpable ,extremities warm, BP : 70/40

ABG:
pH:7.36 , co2 : 43 , pao2 : 137 glu 181
Chest,abdominal & head imaging : No acute pathology
S.osm : **330** , Anion gap:nl , Ammonia:nl lactate:nl alcohol:mildly elevated

Dx: Isopropyl alcohol intoxication

Problem Representation:45 year old male incarcerated presented with generalized tonic clonic seizures after being assaulted.On admission, he developed hyperactive AMS with normal imaging and labs,later found to have ingested isopropyl alcohol.

Teaching Points (Gerardo):
Generalized tonic clonic-seizure: 101 -> triggers (low glucose, medication that lowers seizure threshold, infection, trauma, stroke, metabolic derangements like low Na(think about delta and pseudohyponatremia)
Internist perspective: epilepsy vs actual cause
Responsive to fluids: evaluate trends
Post-ictal state (DNF: DDx): airway, vital signs, stabilize, past hx to determine diagnosis.
4 exams: MRI, LP, EEG, EMG
5th: watch the patient
Anterior (syncope), seizure (lateral tongue) -> clue for dx
Post-insult seizure (ddx with generalized seizure):
Imaging (w/c) -> blood (SD, ED, IH), Pupils (herniation)
Hyperacute AMS: MIST mnemonic (Vascular, seizure, intoxication), do not forget Utox (excess alcohol possible), do not forget to ask when the patient started seizing
Rainbow labs (tubes): osmolarity, anion GAP, ammonia, lactate, alcohol
Psychogenic non-convulsive seizures: patient is the priority despite functional (do not anchor)