



01/26/25 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Mark Heslin (@) Case Discussants: Maddy(@), Youssef(@)

CC: 75/M coming in from nursing facility with two days of intermittent confusion

HPI: labs were 3 years back, lost to followup. Unable to illicit history from the patient given the confusion.

Vitals: T: 36.1 BP: 111/66 mmHg RR: 20HR:83 Sat: @99RA, BMI: 19
Exam: Gen: cachexia , agitated (unclear baseline)
HEENT: Poor dentition, unable to see(Blindness)
CV: no murmurs
Pulm: clear
Abd: Non-distended, non-tender.
Neuro: Oriented to place, moving all limbs spontaneously, sens: Intact
MSK: B/L chronic venous stasis changes

Notable Labs & Imaging:
Hematology:
 WBC: 24.6, (Neuto, Mono) Hgb: 13.4Pit: 344 MCV:86
Chemistry
 Na:145 K: 3.9Cr: 0.88> 0.56BUN: 25Ca: 13.5 Ph: 1.7Mg: 2 Glu: 120 Cl: 109
 HCO3: 24
 LDH: 216 AST: 26 ALT: 24 ALP:109 Bili:, AG: 12, alb: 3, TP: 7.9
 PTT; INR: nl, lactate: NI
 PTH: 4(15-65), VitD: low, SPEP: no M spike, PTHrP: 9(>4.2).
Imaging:
 CXR: Enlarged mediastinum
 CT chest: expansile mass in lower mediastinum, erosion of T5-T6 vertebral bodies, speculalited 2 cm lung nodule
 CT head: No focal findings.
 CTPE: no PE
 Echo: EF- NI, no pericardial effusion.
 CT abdomen and pelvis: NI.
Started on IV NS, antibiotics given the leukocytosis.
 Noted intermittent hypotension(60/40), BP was fluctuating.
 Blood cultures: Negative.
 Received Zoledronic acid given the persistent Hypercalcemia with AMS
 Lung Biopsy: SCC lung cancer
Dx: Squamous cell lung cancer compressing the vagus nerve complicated by Hypercalcemia

Problem Representation: 75Y/M with lost to follow up coming in with acute AMS, found to have Hypercalcemia and fluctuating Blood pressure
 Dx as SCC of lung complicated by Intermittent Hypotension and Shock.

Teaching Points (Gerardo):
 Intermittent confusion -> AMS: identifiable triggers, accompanying symptoms, time course is key.
 Nursing facility: assisted living facility or personal care home (does the patient need help?)
 Poor dentition: aspiration pneumonia/lung abscess.
 MIST framework: acute AMS
 Alcohol withdrawal -> delirium tremens, alcoholic hallucinosis, seizures, Wernicke’s encephalopathy
 Other frameworks for AMS: acute, subacute, chronic
 Cirrhosis: key is asterixis, hand signs of cirrhosis (palmar erythema, dupuytren’s contracture, asterixis, terry’s nails, clubbing, spider angiomas, muscle wasting
 Protein gap (-> HIV, HBV): polyclonal vs monoclonal, SPEP and Kappa/Lambda
 Hypercalcemia: PTH dependent or PTH independent, > 14 is most likely a malignancy
 Hypotension + hypercalcemia: shock vs mets to adrenals vs compression of the vagus nerve
 4 Cs of squamous cell carcinoma: central, cavitory, hypercalcemia, compression

PMH: Partial blindness(cataract, retinal detachment)
 Ischemic stroke
 Paroxy Afib

Meds: None

Fam Hx: unknown

Soc Hx: Tobacco use disorder, Alcohol use disorder

Health-Related Behaviors: No illicit drug use

Allergies: none