03/09/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter:Kuchal (@AgadiKuchal) Case Discussants: Maddy (@MadellenaC) and Kirtan (@KirtanPatolia)

Scribing (Minahil)

CC: Tonic clonic seizure for 5-10 minutes.

HPI:Pt is a 70 y old male from nursing home,brought to ED for a witnessed generalized tonic clonic seizure.Upon arrival,he was postictal,unresponsive to painful stimuli ,saturating at 95 on RA , without acute airway distress.He was diaphoretic and unresponsive.The pt is on keppra at baseline so keppra loading dose was given at ED,His baseline mental status is AOA X 1 ,named himself as thomas(not his actual name).He denies missing any medication & was afebrile before event.

PMH:
Epilepsy,malnutrition,severe intellectual disability
BPH,obstructive uropathy , OA,spinal stenosis

Meds: Acetaminophen 325 mg aspirin 326mg, bethanechol 25 mg , diphenhydramine 25 mg , epinephrine 1mg ,depakote 125 mg ,finasteride 5mg ,keppra 500 mg ,loperamide 2mg , mirtazapine 7.5 mg , risperidone 1 mg , senna,tamsulosin 0.4mg

Fam Hx:non significant

Soc Hx:Lives in nursing home

Health-Related Behaviors: **non significant**

Allergies:shellfish

Vitals: T:37.7 BP: 71/40 ->140/70 post-fluid **RR:21 HR**:126 **Sat: 95% on RA**
Exam: Gen: ill appearing, no apparent resp distress,appear chronically ill,cachetic,
HEENT:wnl
Neck:wnl
CV: wnl
Pulm: wnl
Abd: wnl
Neuro:postictal state,unresponsive to verbal/physical stimuli
MSK:multiple contractions in all extremities,warm,dry & pink skin,no rashes or lesions

Notable Labs & Imaging:

Hematology:
WBC:11.1 neutrophils: 84.5 , lymphocyte:8.5 Hgb:11.7 Plt:294

Chemistry
Na:140 K:3.8 Cr:1.09 BUN:13 LFT,RFT:wnl Valproic acid:low(21.4)
Lactate:9.4->3.4 B.glucose 162
UA:yellow & cloudy pH:7.0 , spec. Gravity:1.015 ,gluc:neg blood:small amount, nitrite:+ Urine culture:neg
Blood culture: *1st bottle*:gram +ve cocci in pair & chain , *2nd bottle:*gram -ve road , *3rd bottle*:gram +ve in clusters

Imaging:
Echo: EF65% , no regional wall abnormalities
CXR:no cardiopulmonary pathology
CT Head:hypoattenuation of periventricular and subcortical white matter suggestive of *mild chronic small vessel ischemic disease*,mild to mod nonspecific dilatation of lat ventricles,no acute intracranial abnormality
->After admission Pt started having fever spike(T: 38)
EEG:nl
CT Abd:Fecal impaction,mild stercoral colitis

Dx: stercoral colitis

Problem Representation: A 70 year old male was brought from nursing home after witnessed tonic clonic seizure lasting 5-10 minutes.He was found postictal unresponsive,and diaphoretic on arrival,requiring Keppra load.Workup notable for elevated lactate and non specific CT head findings.

Teaching Points(Masah):

Status epilepticus: seizure lasting>5 mins
mx>dx:
1) Stabilize the patient (protect the mouth with mouth guard, ensure safety of the environment), ABCs (ensure the patient is able to protect their airway - prevent aspiration),
2) Consult: ICU team, neurology,
3) benzodiazepine 2 mg IV, if no response —> keep giving 2mg until 4-8mg, if non responsive—> phenytoin, valproate

Look for underlying cause:
MISTN. M: Metabolic, I: Infection S: Structural T: Toxins N: Neurological disorder
Get a fingerstick glucose, BMP to look for electrolyte derangements & get a CT head to look for structural causes (stroke- ischemic or hemorrhagic, tumor or abscess), urine toxicology, review PMH
Elderly patient: is the patient dehydrated? What's their nutritional status? Were there any falls?
BP 71/40 -Shock? cardiogenic, obstructive, distributive, hypovolemic.
Review of medications that can cause low BP:
Anticholinergic meds affects their cognition—> miss dosage of antiepileptic
Risperidone—> autonomic side effects, avoid in elderly patients
Mirtazapine, Risperidone—>can cause electrolyte derangements.
Could be from autonomic dysregulation post seizure.
Elevated lactate: Type A: hypoperfusion to tissues Type B: medications, toxins (alcohol, thiamine deficiency, Metformin, Tylenol, antiretroviral meds). Could be elevated post-ictal.
Cachexia: 1) Malnutrition: Give multivitamins, including IV thiamine. 2) Persistently catabolic state —> muscle breakdown —> increased ammonia levels (check ammonia levels)
Polypharmacy can have cognitive effects but can also cause constipation:
Fecal impaction on CT abdomen: **Stercoral colitis**: inflammatory colitis: impacted fecal material for long time —> distended colon —> increased inflammatory process.

External compression from feces: Rectum can compress bladder and exacerbate his obstructive uropathy.