



# 03/16/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Shreyas (@shreyas\_rn) Case Discussants: Maddy (@MadellenaC) and Mark (@Mark\_Heslin)



**Scribing (Rahul)**  
**CC:** 43/ F 2 days of abdominal pain and 1 day history of difficulty talking

**HPI:** colicky LUQ abdominal pain, not a/w N,V; abrupt onset communication problem, word finding difficulty

Abdominal distension from 4 months  
 "Episode of PE 1-2 months prior with right heart strain on Rivaroxaban"

**ROS:** denies fever, wt loss, chest pain, SOB, facial droop, difficulty walking.

**PMH:** Breast cancer 8 years ago, s/p chemo, radio, Mastectomy (remission)  
 Asthma  
 HTN  
 PE with right heart strain

**Meds:** Nifedipine, Enalapril, Albuterol, Goserelin, Rivaroxaban (missed few doses)

**Fam Hx:** none, no cancers in family.

**Soc Hx:** lives with children

**Health-Related Behaviors:** denies alcohol, smoking, drug

**Allergies:** none

**Vitals:** T: 36 BP: 130/84 RR: 18 HR: 82 Sat: 95@ 5 lit nasal cannula

**Exam:** Gen: comfortable, but confused  
 HEENT, Neck, CV, Pulm: Normal, No LAD

**Abd:** LUQ abdominal pain, abdominal distension, palpable midline mass

**Neuro:** colicky abdominal pain, expressive aphasia, 5/5 UE, LE, 2+ reflexes, difficulty following commands, Plantar: downgoing.

**MSK:** B/L LE edema, pitting edema to the level of shin

**Notable Labs & Imaging:**

**Hematology:**  
 WBC:12 Hgb:10 Plt: 592 Hct: 33 MCV:76

**Chemistry**  
 Na: 137 K: 4.4 Cr: 0.9 BUN: 13 Ca:9.2 Ph: 3.4 Mg: 1.8 Glu: 92 Cl:101 HCO3: 28 CRP: ESR: 38 LDH: 210 AST: 24 ALT: 22 ALP:68 Bili:0.8

**Imaging:**  
 CT head: Cytotoxic edema in left frontal lobe, infarct in broca territory  
 MRI Brain: **Acute infarct in left frontal lobe involving Broca's area**  
 CTA head and Neck: No large vessel occlusion.  
 LE doppler: B/I LE clots

CT abdomen/pelvis(2 months prior): Markedly enlarged mass in pelvis, extending into the abdomen, likely uterine in origin with lymphadenopathy and a small amount of ascites.

CT A & pelvis ( current admission ) : **New wedge shaped splenic infarcts, progression of peritoneal carcinomatosis, and ascites.**

Echo: Image quality was poor.  
 TEE with Bubble study: Patent Foramen Ovale ( PFO)  
 Ovarian Biopsy: Mucin producing ovarian adenocarcinoma  
 TP53 mutation: Positive

**Dx:** **Ovarian Adenocarcinoma with peritoneal carcinomatosis complicated by Hypercoagulability leading to cortical stroke and splenic infarcts 2/2 PFO**

**Problem Representation:** 43Y/F with PMH of Breast cancer in remission, recent history of PE, presenting with acute onset of abdominal pain and difficulty talking Dx as: **Ovarian Adenocarcinoma with peritoneal carcinomatosis complicated by Hypercoagulability leading to cortical stroke and splenic infarcts 2/2 PFO**

**Teaching Points (Minahil):**

->**Acute AMS :**

- dysarthria(difficulty articulating due to impaired muscle control) vs aphasia(difficulty generating / understanding speech)
- Localize aphasia to either substance (cirrhosis ,uremia,intoxication) or strategic lesion (stroke , thromboembolic event,splenic infarct)
- Causes: Metabolic(hypo/hyperglycemia-DKA , hypercalcemic crisis , vascular (mesenteric ischemia)

->**Abd distension:**(solid/liquid/gas) constipation,pregnancy , bowel obstruction , splenomegaly , hepatomegaly ,ascites , pneumoperitoneum , malignancy

->**Pulmonary embolism:** Think hypercoagulability-cancer related?Rx? Evaluate for Splenic infarction?thrombosis?stroke?IVC clot (LE edema)?

->**Cancer patient presenting with new complains** consider,

- C/I or invasion of primary tumor
- development of second malignancy
- C/I of prior therapy
- paraneoplastic syndrome

->Repetitive speech can be a seizure manifestation ->EEG

->**Stroke:** Pumps,pipes,plasma (heart /vasculature / hypercoagulability )

->**PFO shunt** allows thrombus(DVT) to bypass lungs and embolize systematically potentially causing paradoxical embolism(stroke/systemic arterial embolism)