



03/18/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Ethan (@e_chiu17) Case Discussants: Maddy (@Madellenac) and Dr. Ravi (@rav7ks)

<p>Scribing (Julia)</p> <p>CC: 36 yo male present with progressive lower limb weakness and numbness for the past 2 weeks</p> <p>HPI: Patient noted weight loss of 6kg over the last weeks, the last 2-3 days hoarseness and dysphagia (of solid food) occurred, can tolerate soft diet</p> <p>Acute cholecystitis w/cholecystectomy 2 weeks ago</p> <p>ROS: (-) dyspnea, urinary retention, normal bowel movements</p>	<p>Vitals: T: afebrile BP: 135/83 RR: 12 HR: 112 Sat:</p> <p>Exam: CV: nl Pulm: nl Abd: nl</p> <p>Neuro: GSC 4, fundoscopy nl, II : visual field normal, II IV VI extraocular movement normal, pupils symmetric and reactive , V nl, VII no palsy, IX X -> slurred speech, hoarseness and dysphagia XII: no deviation, motor: upper 5/5, lower limbs 1-2 / 5 (distal weaker than proximal,) cannot walk on heel (foot drop), deep tendon reflex of the knee absent, plantar numbness, cerebellar function:: no dysmetria, Romberg's test could not be performed</p>	<p>Problem Representation: 36 y/o male with a PMH of cholecystectomy presents with 2 weeks peripheral polyneuropathy and severe acute liver injury</p>
<p>PMH: Cholecystectomy few weeks before</p> <p>Fam Hx:</p> <p>Soc Hx:</p> <p>Health-Related Behaviors:</p> <p>Meds: No medication</p> <p>Ganciclovir, Doxy,</p> <p>Allergies: Denied</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 8.5 Hgb: 12.8 Plt: 235 Hct: MCV:102.9 Coags nl</p> <p>Chemistry Na: 143 K: 4 Cr: 0.65 BUN:14.6 Ca: Ph: Mg: Glu: nl Cl: HCO3: CRP: 1.5 ESR: LDH: AST: 675 ALT: 1456 ALP: 972 GGT 911 Bili: 3.1 (direct 1.8) Alb 4.5, CK nl Gl nl Ferritin 1982, Crp 1.5 , Ceruloplasmin nl, anti-MITO anti-SMA (-) HbsAG(-), anti-Hbs (+), anti HAV igM, HCV, CMV igM, EBVCA igM HSV, EBV DNA HIV (-),</p> <p>Imaging: <u>Abdomen US:</u> liver nl, borderline splenomegaly, biliary tree normal <u>CT abdomen:</u> no significant enlarged LNs, liver, biliary tree, gallbladder, pancreas and GIT nl <u>MRI brain:</u> mildly dilated ventricles, small hyperintensities in bilateral corona radiata - small vessel disease /demyelination, LP: clear appearance, color: yellow: Leukocytes: 220 (89% lymphocytes, protein 473, Glc 35, HHV-6 PCR pos, Gram stain(-), india ink(-), TB-PCR(-) VDRL(-), cryptococcus (-), PEP: no monoclonal proteins, AQP-4(-). Cytology neg. For malignancy, Meningitis/encephalitis panel (multiplex PCR neg. Inkl. E.coli, H influenza, isteria. Meningococcal, S. agalactiae, s. Pneumonia, CMV, HSV 1,2 , enterovirus (-) <u>NCV:</u> absent F-waves in tibial udn deep peroneal nerves, absent H reflexes responses in bilateral tibial nerves <u>EMG</u> marked spontaneous activity in L5 innervated muscles and L5 paraspinal muscles (denervation in L4 , L5 -> L4-S1 bilateral lumbosacral polyradiculopathy <u>MRI T spine:</u> multiple enhancing and round nodules at conus medullaris and cauda equina <u>Upper endoscopy:</u> esophageal candidiasis Liver biopsy: Chronic hepatitis, focal bridging fibrosis blood smear: atypical lymphocytes and teardrop cells HTLV-1 (+) <u>Bone marrow biopsy:</u> marked hypocellularity, atypical lymphoid cells, CSF: clusters of abnormal lymphoid cells , PB smear showed "flower shaped"</p> <p>Dx Lymphomatous adult T cell lymphoma with leptomeningeal spread complicated with neoplastic lumbosacral radiculopathy</p>	<p>Teaching Points (Lera): Approach to neuro problem = Time course x Localization:</p> <ul style="list-style-type: none"> - Motor concern -> lesion anywhere from the cortex to the muscles. Sensory component -> muscle and NMJ less likely -> <u>peripheral nerves / spinal cord / multiple lesions.</u> - Dysphagia and Hoarseness -> <u>cranial nerves.</u> - No bladder issues + diminished reflexes on physical exam -> <u>peripheral nerves > spinal cord.</u> <p>Initial DDx:</p> <ul style="list-style-type: none"> - Nutritional deficiencies (SCD); vascular problems: muscle and joint issues (autoimmune process); substance use disorder -> what was the baseline + PMH? - Recent hospitalization -> is this a complication of surgery or an unrelated problem? Cholecystectomy -> residual stone in CBD, cholangitis, GBS triggered, medication effect? <p>Peripheral nerves involvement:</p> <ul style="list-style-type: none"> - MCC of foot drop is peroneal nerve injury. Up- and downstream Sx combination -> multisystemic disorders (DM, alcohol) - Possible etiology -> Demyelinating disease, nutritional deficiencies, GBS, MS, ALS, amyloidosis -> need EMG, NCV, LP! <p>Severe acute liver injury:</p> <ul style="list-style-type: none"> - Are the enzymes coming from muscle or the liver? - Is it liver failure? -> check AMS and INR. - DDx - 2Ps -> Plumbing (bile and vessels) vs. Parenchyma. - Peripheral nerves involvement -> are they unrelated? <p>Viral positivity:</p> <ul style="list-style-type: none"> - HHV-6 -> roseola infantum, hepatitis, FUO -> can be FP, but + candidal esophagitis is there immunosuppression? - HTLV-1 -> HIV-like action (infects CD4 cell, but count can be not decreased), leukemia/lymphoma, MS-like presentation.