



# 04/10/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: (@Eugene) Case Discussants: (@Rabih) and (@Dan)



<p><b>Scribing (Nowrine)</b>  <b>CC:</b> 35 yr woman - 2 week postpartum with fever, AMS and generalized muscle stiffness (rural facility)  <b>HPI:</b> C-section at 24 week and 6 days. 3 days after the delivery she % headache, eye pain which improved with analgesics. Few days after, behavioral changes noted. Drank excessive amounts of water then went on to absolute refusal of water, refused food as well. Became selectively mute. These symptoms occurred intermittently for a couple of days. After which she became restless and agitated, physical aggression to relatives and feeding her baby. Pt then developed rigidity, spiking fevers and 3 episodes of tonic clonic seizures which were aborted with medication. She was confused, had generalized muscle rigidity and was sweating profusely on arrival to rural facility</p>	<p><b>Vitals:</b> T: <b>40.1</b> BP: 160 systolic RR: 26 HR:130 Sat: 96% on RA  <b>Exam: Gen:</b>  <b>HEENT:</b>PERRLA, normal facial symmetry  <b>Neck:</b> Negative Brudzinski and Kernig signs  <b>CV:</b> Normal S1 and S2 <b>Pulm:</b> Normal B/L  <b>Abd:</b> mild tenderness over C-section site, non-distended, no masses  <b>Neuro:</b> stiff, unable to follow commands, DTRs absent, lead pipe rigidity +, plantar normal.  <b>MSK:</b> warm and diaphoretic, no rashes or bruises</p>	<p><b>Problem Representation:</b> 35 yr F presents 2 weeks postpartum with fever AMS generalized muscle weakness. Progression of symptoms with behavioral changes, excessive and then absolute refusal of water, rigidity and seizures. AST ALT and CK elevation +</p>	
<p><b>PMH:</b>  Mental health dis- 10 yrs. Treated for 2 years before she stopped medication because she felt better  Spinal epidural anesthesia for the C-section  <b>Meds:</b> no long-term med. Nifedipine single dose given for single high BP reading, but BP normal during rest of pregnancy. Antibiotics given for potential sepsis/meningitis, Lorazepam</p>	<p><b>Fam Hx:</b> no significant history  <b>Soc Hx:</b> no travel, animal exposure  <b>Health-Related Behaviors:</b>  <b>Allergies:</b> Kefirazine</p>	<p><b>Notable Labs &amp; Imaging:</b>  <b>Hematology:</b>  WBC: 9.1 Hgb:8.1 Plt: 185 Hct:24.2 MCV: 82.6 HCH:27.6  <b>Chemistry</b>  Na: 129 K: 3.6 Cr: 2.1 BUN: 30 Ca:7.12 Ph: Mg: Glu: Cl: 112HCO3:20  CRP: 102 <b>procalc:10.5 AST:616 ALT: 200</b> GGT: 42.7 ALP: Bill: nl Direct:3.6 Indirect:4.7 Total prot: 47.2 Albumin:22.1 <b>CK: 9 000</b>  <b>UA:</b> brown with RBCs 0-2  <b>LP:</b> nl opening pressure, nl WBC, Gluc 65, Prot 30  <b>Imaging:</b>  EKG: normal  Head CT: mild cerebral edema, no structural abn  Blood culture: Coag neg Staph  Endocervical swab and high vaginal swab neg  More history taken: Mental Health disorder identified as Psychosis. In the initial presentation pt was given 1rst gen antipsychotic b/c of suspicion of postpartum psychosis.  Rx with ECT, bromocriptine and dantrolene. GCS worsened and intubated as sat worsened. In ICU, improvement in AST &amp; ALT</p> <p><b>Dx Neuroleptic Malignant Syndrome</b></p>	<p><b>Teaching Points: (Zakariyya)</b></p> <ol style="list-style-type: none"> <li><b>1) The Postpartum period</b>  <i>Fraught with potential complications!</i></li> <li><b>2) Systemic Diseases</b>  <i>Truly diffuse, or asymmetric diseases with dissemination?</i></li> <li><b>3) The symptom of Hydrophobia</b>  <i>Limited DDX!</i></li> <li><b>4) Diseases of the Basal Ganglia</b>  <i>Movement + Behavior disorder</i></li> <li><b>5) Disorders of Temperature</b>  <i>Fever vs Hyperthermia</i></li> <li><b>6) The History</b>  <i>Often the final diagnostic test</i></li> </ol> <p><b>Mini Illness Script: Malignant Catatonia</b></p>