



# 04/15/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Aye (@AyeThant94) Case Discussants: Vale(@valeroldan23) and Aaron(@AaronLBerkowitz)

<p>Scribing (Glen)  <b>CC:</b> 51 y/o, F with <b>behaviour change</b> for a month</p> <p><b>HPI:</b> History obtained from family. Previously active business-woman(sells diesel and petrol) then suddenly became <b>very quiet and forgetful</b>, could not do calculation. <b>With irrelevant talk Confusion for 5 hrs.</b></p> <p><b>ROS:</b> New-onset <b>headache</b>, throbbing in nature with <b>nausea and vomiting</b>, reduced appetite, blurry and double vision and reduced sleep</p>	<p><b>Vitals:</b> T: BP: 110/70 RR: HR: 104 Sat: 99%on air  <b>Exam:</b> Gen: n  <b>HEENT:</b> n  <b>Neck:</b>n  <b>CV:</b> n  <b>Pulm:</b> n  <b>Abd:</b> n  <b>Neuro:</b> alert,oriented to place and people, not time (<b>AMS</b>). <b>CNII shows B/L papilloedema</b>, normal tone, power 5/5, normal reflexes  <b>MSK:</b> gate normal</p>	<p><b>Problem Representation:</b>  <b>51y/o, F with behavioural change for a month, forgetful with irrelevant talk and confusion.Ass with headache and vomiting. B/L papilloedema on exam. Labs shows anaemia and CT head showed signs of cysticercosis</b></p>	
<p><b>PMH:</b> malaria last year, no cerebral malaria</p> <p><b>Meds:</b> N/A</p>	<p><b>Fam Hx:</b> N/A  <b>Soc Hx:</b> No smoking, drinking  <b>Health-Related Behaviors:</b> Sells diesel and petrol</p> <p><b>Allergies:</b>N/A</p>	<p><b>Notable Labs &amp; Imaging:</b>  <b>Hematology:</b>  WBC: 12.2 Hgb: 10.5 Plt: 447 Hct: MCV: RBS; 11 mmol/l HbA1C; 5.4%</p> <p><b>Chemistry</b>  Na: K: Cr: BUN: Ca: Ph: Mg: Glu: Cl: HCO3:  CRP: ESR:30 LDH: AST: ALT: ALP: Bili:</p> <p><b>Imaging:</b>  EKG:  CXR</p> <p>CT Head; Hyperintense nodules, sign of cysticercosis.</p> <p><b>Dx</b>  <b>NEUROCYSTICERCOSIS</b></p>	<p><b>Teaching Points:</b>  <b>Approach to altered behavior:</b></p> <ul style="list-style-type: none"> <li>- Consider metabolic, toxin-mediated causes , frontal lobe or limbic system masses, NMDA encephalitis, or infections like TB or parasitic.</li> <li>- Use the MIST mnemonic: metabolic, infection, structural, toxin.</li> <li>- Anti-IgLON5 is a rare autoimmune encephalitis with sleep, movement, and cognitive impairment.</li> <li>- Schizophrenia can cause behavioral changes, so rule out medical, neurologic, and psychiatric conditions.</li> </ul> <p><b>Approach to headache and blurry vision:</b></p> <ul style="list-style-type: none"> <li>- CNS issues (increased intracranial pressure) can cause headaches and blurry vision.</li> <li>- Reduced appetite may indicate systemic causes.</li> <li>- Lewy body dementia or vascular dementia can cause these symptoms.</li> <li>- Seizures can cause pre- or post-ictal headaches.</li> <li>- Lewy body disease has Parkinson's-like features and hallucinations.</li> </ul> <p><b>Approach to papilledema and AMS:</b></p> <ul style="list-style-type: none"> <li>- Papilledema indicates elevated intracranial pressure.</li> <li>- Consider brain, CSF, and blood compartments.</li> <li>- Hydrocephalus and venous thrombosis can also contribute.</li> <li>- Without focal signs, consider meninges (infectious, toxin-mediated, or carcinomatous), ventricles, or anterior frontal lobe involvement.</li> <li>- Vasculitis and rheumatoid disease can cause meningitis.</li> </ul> <p><b>Approach to anemia:</b></p> <ul style="list-style-type: none"> <li>- Cerebral malaria is more common in children but can affect adults traveling.</li> <li>- Anemia can be secondary to malignancy, systemic disease, or nutritional deficiency.</li> </ul> <p><b>Approach to Neurocysticercosis:</b></p> <ul style="list-style-type: none"> <li>- Neurocysticercosis can cause headaches, seizures, and hydrocephalus in ventricles and vision problems..</li> <li>- It presents with cysts in the brain on CT scan.</li> <li>- Treatment involves antiparasitic medications and steroids.</li> <li>- Neurocysticercosis stages: vesicular ,coloidal, granular, calcification.</li> </ul>