



# 5/14/25 Morning Report with @CPSolvers

“One life, so many dreams” Case Presenter: (Zakariyya@) Case Discussants: Yaz (@minheredia) and Elena (@)



<p>Scribing (Rahul)  <b>CC:</b> 16 Y/F with <b>Altered mental status</b>( brought to the ER by her mother)</p> <p><b>HPI:</b> Baseline, high school student, mother is not aware of her usual state of health.  <b>Episode occurred in the morning, while seated, seems confused and slurred speech developed, mother was worried about stroke called EMS.</b></p> <p>IV dextrose was given, improved <b>slightly f/b profoundly weak, more in lower limbs</b> concerning for stroke</p> <p>Regained consciousness, <b>similar episodes from the 6 months</b>, appears foggy recovers after drinking soda, <b>gained weight 20kgs due to fear of keeping her energy high.</b></p>	<p><b>Vitals:</b> T: <b>36.8c</b>, BP: 145/87 mmHg HR:<b>112</b> RR: 20 Sat: <b>98@RA</b> BMI: 42  <b>Exam:</b> Gen: unremarkable , <b>sweaty</b>  <b>CV:</b> RRR  <b>Pulm:</b> not in distress, B/L aientry positive  <b>Abd:</b> soft, non distended  <b>Neuro:</b> GCS 11/15, PERRLA, no weakness, no facial droop, no neck stiffness. Later developed <b>weakness in lower limbs.</b>  <b>MSK:</b> darkening in neck, no rashes.</p>	<p><b>Problem Representation:</b> 16Y/F, morbid obesity with PMH of hypoglycemic episodes now presenting with the similar complaint, concerning for Hypoglycemic Syndrome.</p>	
<p><b>PMH:</b> None, previously well</p> <p><b>Meds:</b> none</p>	<p><b>Fam Hx:</b></p> <p><b>PSH:</b></p> <p><b>Health-Related Behaviors:</b> no known alcohol or drug use</p> <p><b>Allergies:</b></p>	<p><b>Notable Labs &amp; Imaging:</b>  <b>Hematology:</b>  CBC: NI</p> <p><b>Chemistry</b>  Na: NI K: nl Cr: nl BUN: nl Ca: nl Ph: Mg: Glu:<b>36</b> Cl: HCO3: AG: CRP: ESR: LDH: AST: nl ALT: nl ALP: Bili: HBA1c: 5.2 Thyroid function tests: nl</p> <p><b>Imaging:</b>  <b>EKG:</b> sinus tachycardia, otherwise unremarkable  <b>Non-con CT head:</b> unremarkable.  <b>UTox:</b> unremarkable</p> <p>Cortisol: nl.  C peptide: <b>elevated</b>  USG abdomen &amp; pelvis: <b>NI</b>  <b>CT abdomen with contrast: 1.3 enhancing lesion in the tail of pancreas</b>  MRI abdomen &amp; pelvis: Similar findings</p> <p><b>Dx: Insulinoma( functional Neuroendocrine tumor)</b></p>	<p><b>Teaching Points (Ibrahim):</b></p> <ul style="list-style-type: none"> <li>- <b>sudden AMS [MIST]:</b> metabolic (PMH DM, endo, meds, organ failure), infections (meningitis), structural (head trauma, post-icterus), toxins (intake vs withdrawal)</li> <li>- hyperacute AMS → prioritize vascular dx</li> <li>- <b>young:</b> bad luck, bad genes, bad behavior</li> <li>- <b>Approach to AMS</b> → ABCs, glucocheck</li> <li>- <b>dysarthria</b> (problem with language) vs <b>aphasia</b> (problem with speech)</li> <li>- <b>Ddx:</b> seizure (clue: post-ictal state, unlike syncope), hypoglycemia (explore underlying cause. Trifecta: neuroglycopenic symptoms, vegetative state [HR], response to tx [IM glucagon, IV glucose]) → insulin/sulfonylureas, infection, alcohol, liver, kidney dz, adrenal insufficiency</li> <li>- <b>workup:</b> EKG, evaluate behavior (travel), LP, beta-hydroxybutyrate, meds review, EEG</li> <li>- <b>Darkening of armpits:</b> acanthosis nigricans (DM, certain types of cancer, hyperinsulinemia)</li> <li>- <b>hypoglycemia independent of DM</b> → insulinoma (morning cortisol, ACTH, anti-insulin abs, 72-hour fasting test [GOLD standard], c-peptide, contrast-enhanced CT ; most common cause is sporadic)</li> </ul>