5/15/25 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Rahul (@RahulPottabath1)* ***Case Discussants****: Rabih (@rabihmgeha) and Mengyu (@zhoumy07)*

Scribing (Noah)

CC: 75 y/o M with confusion

HPI:

Functional and independent at baseline. Lately patient has been feeling weak, having body aches, and losing function. Today the patient got stuck on the toilet - he could not get up and he could not answer anything other than yes and no. EMS was called and they noted arm shaking.

ROS: No fever, chills, fatigue, palpitations, dyspnea, abdominal pain, urinary and bowel movement changes, headaches

PMH:
CLL
HTN
Gout

Meds:
Ibrutinib

Fam Hx:
Non-contributory

Social Hx:
Lives with wife
No smoking and drinking
Working on bathroom remodelling

Health-Related Behaviors:

Allergies:

Vitals: T: **BP:** 151/70 **HR**: 82 **RR:** 18 **Sat: 98% RA** **BMI:** 25
Exam: Gen: NAD **HEENT:** No extraocular impairment, PERRLA
CV: RRR, no mrg **Pulm:** CTAB **Abd:** Non-tender
Neuro: AOx3, pure expressive aphasia, follows complex commands, no nuchal rigidity
⅗ Right finger abduction and ⅘ right grip, otherwise 5/5. Absent patellar and ankle reflexes with normal BLU reflexes. Finger-nose normal. Cranial nerve exam normal
MSK: No edema, joints non-tender, normal active and passive ROM

Notable Labs & Imaging:

Hematology & Chemistry
WBC: 12.6 (N80%) Hgb: 11 Ht 38 Plt: 157 MCV: 92
Na: 138 K: 4.3 Cr: 1.39 BUN: 21 Ca: wnl Glu: 111

Imaging:
CTH: Round area of low attenuation on the left frontal lobe may relate to an area of age-indeterminate ischemic change. No territorial infarct with preserved gray-white differentiation.
Empiric viral and bacterial meningitis coverage with antimicrobials started.
Next day - worsening mentation, right hemineglect and complete aphasia
bMRI: Heterogeneous area of enhancement centered around the left frontal lobe with surrounding edema, significant interval growth in two days.
LP: RBC 40 Cell count 1 Protein 65
Negative: multi-organism PCR, galactomannan, BD-glucan, bartonella, coxiella, borrelia, west nile, toxoplasmosis
CTH interval: increase in mass and mass effect.
Meropenem, IV bactrim, amphotericin B
OR with craniectomy and brain biopsy

Dx : Acanthamoeba encephalitis

Problem Representation: 75 y/o M with CLL on ibrutinib presenting with acute progressive brain mass with negative CSF found to have acanthamoeba encephalitis.

Teaching Points (Lera):

Don't be confused with AMS:
- ***Time course*** (acute vs. subacute vs. chronic)
- ***Why?*** MIST -> ***Metabolic*** (what labs to order?), ***Infection***, ***Structural*** (localizing Sx + CT scan), ***Toxins*** (meds! + exposures).
- ***Pretest probability of extra-CNS problem?*** -> baseline, subacute, minimal additional Sx, asymmetry on exam -> *CNS >> external.*

Background:
- ***CLL*** -> abnormal mature B-cells circulating in the blood. Is it *progressive* -> *is the patient on Tx?* + side effects (IC bleed, *infxn*).
- ***Bathroom remodeling*** -> potential exposures.

Brain problem:
- ***Where?*** Expressive aphasia + R sided weakness -> L frontal lobe.
- ***Code stroke?*** Time course is key — worry if subacute progressive syndrome w/ *superimposed acute problem.*
- ***Imaging*** -> positive or negative? ***!*** *MRI with and without contrast >> CT* (pretest probability of subdural hematoma?).

Brain mass DDx:
- ***Malignancy vs. Infection*** *(everything except viruses).*
- ***How do we get Dx without sampling?*** *-> who's the host + CSF + imaging (pattern of enhancement, diffusion restriction, mass growth) + search for source (lungs?) + clues on the periphery.*

CSF analysis:
- ***Unexpected finding*** -> consider repeating the test.
- ***Where does Dz live?*** *-> Vessels / Ventricles / Parenchyma / Meninges* (most common but not obligatory).
- Meninges + Brain = Crypto, endemic mycoses or TB. ***Brain >> Meninges*** = molds, Nocardia, pyogenic brain abscess, amoeba.