



5/28/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: (HeeMun@) Case Discussants: (Dr. Rich Snyder@)

<p>Scribing (SEEME) CC: Seizure HPI: 65M presented with one episode of generalized tonic-clonic seizure (~1 min) followed by postictal drowsiness. On the following day, fever, cough, shortness of breath, pleuritic chest pain, and decreased breath sounds with crepitations in the right lower lung field. ROS: Denies weight loss, nausea, vomiting, diarrhea, or headache. Abdominal bloating present</p>		<p>Vitals: T: 38.5°C BP 140 /85 RR: 24 HR: 95 SpO₂: 96% on room air Exam: Gen: Drowsy but arousable; pupils 2 mm, equal and reactive bilaterally HEENT: Mucous membranes moist; no JVD CV: No peripheral edema; no murmurs Pulm: Decreased breath sounds at the right lower lung field Abd: Distended; no guarding or rigidity Neuro: No meningeal signs</p>	<p>Problem Representation: 65 yo M p w new onset seizures + decreased breath sounds. PE: febrile, drowsy. Labs: true hyponatremia. Pt received ATBs and saline and improved. Presumably hypoNa sec to fluoxetine.</p>
<p>PMH: Stroke 2019 Depression</p> <p>Fam Hx: Not significant</p> <p>Social Hx: alcohol drinking</p> <p>Health-Related Behaviors:</p> <p>Allergies: NKDA</p> <p>Meds: Fluoxetine</p>		<p>Notable Labs & Imaging: Hematology: WBC 12K (Neut >70%), Hgb/Hct/Plt WNL</p> <p>Chemistry Na⁺ 116, K⁺ 3.5, Cl⁻ 93, HCO₃⁻ 23, Mg:nl</p> <p>Glu 180, BUN/Cr WNL, LFT WNL, TP/Alb WNL, lipid panel WNL ,uric acid low</p> <p>Serum Osm 254 mOsm/kg, Urine Osm 537 mOsm/kg, Urine Na⁺ 119 mmol/L Thyroid and cortisol levels WNL</p> <p>Imaging: MRI brain: Normal No change from stroke 2019 EKG: WNL CXR: Right lower lobe consolidation, no lung mass</p> <p>Ceftriaxone + metronidazole used to treat.</p> <p>Dx : SIADH induced by fluoxetine and salt restriction diet</p>	<p>Teaching Points (Vini):</p> <ul style="list-style-type: none"> - New onset seizure: metabolic (hypo -natremia -calcemia, -magnesemia, -glicemia, alcohol withdrawal, structural (malignancy), ingestion/toxic. ABCDE eval. - First time seizure? Hx of seizure disorder? - Aspiration pneumonia vs pneumonitis (superior segment of the RUL +RLL). - Concerns for alcohol + poor dentition - CAP. Complications: empyema. Encephalopathy, SBP, alcoholic hepatitis, rhabdomyolysis, refeeding sd - celular shift. - Initial management: Start BCs, ATBs (taking into consideration anaerobes) - Doxycycline, Cef, Flagyl, Clindamycin. , CXR + Brain and Chest CT, lactic acid levels. - Fluoxetine - metabolized by CYP-450. - PE reveals sepsis - increased sympathetic tone. - Symptomatic hyponatremia + seizure - indication for hypertonic saline. Goal: 100cc hypert. saline - bringe Na up to 2-3 meq to remove of danger zone. In 24 hours - correct at 4-6 meq at maximum. Then, serum Na q2h in the ICU. F>M. Hx of alcohol use, hypoalbuminemia, is a risk factor. Hypovolemic hyponatremia - sec. To alcohol, beer potomania, SIADH - malignancy, must rule out renal disease. - Subsequent labs: Serum Osm, Urine Osm, Urine Na. Fluid restriction. - Very high TSH and Adrenal insufficiency can cause hypoNa. - Pneumonia - SIADH sec nausea - stimulus to vagus nerve, hypoxemia.