7/4/25 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: *Aye* **Case Discussants**: *Rabih (@rabihmgeha) and Reza (@DxRxEdu)*

Scribing (Sam B)

CC: 32yoF headache, abnormal behavior

HPI:

Intermittent headaches for 2 months, full sensation in the front of her head. Taking ibuprofen, not fully resolving. Progressively worsening

Sinus congestion. Went in and given tylenol, loratadine. Bounced back with headache. Initial workup normal. Abnormal behavior, poor historian. Odd behavior for 1 day per family, hearing voices, thinks people want to harm her child. Marjuana today. Dx psychosis, considered inpatient psych

Rapid response ER intubated

6 months later had memory loss, short term, repeating statements, unreliable

Oriented, able to operate appliances, navigate, self-care, care for daughter, but requires assistance with finances

Intact judgment, no hallucinations, abn movements, seizures

ROS: No fever, chills, SOB

PMH:
1 pregnancy
No psychiatric disease, seizure

Meds:
None

Fam Hx:
No fam hx of dementia

Social Hx:
Department store employee

Health-Related Behaviors:

Allergies:
none

Vitals: T: BP: 155/90 HR: nl **RR: Sat: BMI:**

Exam: Gen: singing and dancing → became agitated, abnormal posturing, seizures

HEENT: nl CV: nl **Pulm:** nl **Abd:** nl

Neuro: no deficits, no CN deficit, no meningeal, normal reflexes

Notable Labs & Imaging, Hospital Course:

Hematology. WBC, Hgb, Plt, MCV: **normal**

Chemistry: normal

Imaging:

EKG:

CXR:nl

Initial head CT nl

LP: CSF 11 cells, 30 protein, elevated RBC, negative PCR, autoimmune ab panel positive for NMDA ab 1:1280

Empiric abx for meningitis/encephalitis

Antiseizure/sedative medications, continuous EEG showed slow waves

2 events of asystole requiring CPR → ROSC, intermittent tachycardia, tachypnea, hyperthermia, hypertension

Echo unremarkable, nl cardiac workup

Intubated with suctioning, sustained hypoxic resp failure, tracheostomy

Ventilator associated pneumonia, septic emboli from Pseudomonas, mucus plugging

MRI brain normal, no intracranial abnormality, no enhancement

Serum encephalitis panel positive for NMDA receptor ab

CT ovarian teratoma L sided

6 months later had memory loss

Neurocognitive testing shows intact cognition

Dx : NMDA receptor encephalitis, L teratoma

Underwent L oophorectomy

IVIG x2 days, IV solumedrol over 5 days, PLEX x5

Orofacial dyskinesia

IV cyclophosphamide, rituximab intrathecal x5, after this was able to extubate and had resolution of autonomic instability

Rapidly progressive dementia

Problem Representation: Progressive headache followed by abnormal behavior, seizure, with cardiac and pulmonary sequelae

Brain problem, not a primary psychotic disorder

Teaching Points (Zakariyya G):

1) **Headaches**
   - External vs Internal
   - Red Flags

2) **Psychosis**

Key characteristics. Duration, episodic, unchanging

3) **Autonomic Instability**

Due to failure of inhibition to the brainstem from higher structures

4) **Autoimmune Encephalitis**
   - *Young Age*
   - *Extra-CNS manifestations*
   - *Early treatment is key*

Mini-Illness Script: Anti-NMDA-receptor Encephalitis

Female

Flu-prodrome

Frank Psychosis

"**F**unky" movements