7/31/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Pranay (@) Case Discussants: Vini (@vinibarzon) and Rabih (@rabihmgeha)

Scribing (Seeme)

CC: 42/M with c/o numbness on left side of body and difficulty to move left side of face

HPI:

42/M with PMH of chronic pain, recurrent DVT and PE s/p IVC filter insertion, blindness, hearing loss comes to the ED with c/o progressive numbness on left side of body and difficulty to move left side of face for past 15 days. Additionally, reports difficulties in eating and drinking as he is not able to move his face. Also reports episodes of non bloody non bilious vomiting and non traumatic progressive left hip pain for last 10 days

Recurrent ED visits for LL pain and swelling, hip and knee pain, occasional genital ulcers treated with empiric antibiotics. Admitted multiple times for Recurrent DVT and PE,Failure of apixaban, warfarin, and dabigatran

PMH:

Blindness sec. to uveitis
Hearing loss, pontine Mass, recurrent DVT and PE s/p thrombolysis And IVC filter,
Chronic leg pain

Meds:

Enoxaparin, oxycodone, Naproxen, gabapentin, Acetaminophen, Cyclobenzaprine

Fam Hx:

not significant

Social Hx:

unemployed , smokes marijuana

Health-Related Behaviors: not significant

Allergies: NKDA

Vitals: T: nl **BP:**126/88 **HR**: 80 **RR:** nl **Sat:** 98%
Exam: Gen: no acute distress
HEENT: BL enucleation, acne on face, partial hearing loss
CV: nl **Pulm:** nl **Abd:** soft, non-tender
Neuro: muscle strength 5/5 BL, left sided facial weakness UMN type, sensations intact, reflexes normal
MSK: BL LL 1+swelling and generalized tenderness

Notable Labs & Imaging:

Hematology:
WBC:13.8 (nl differential) Hgb: 11.8 Plt: 451k
Chemistry
CMP: nl, INR and lactate:nl, CRP:90 (elevated) ESR: 127 (elevated) Urinalysis: nl
Urine toxicology: Positive barbiturates and THC
HIV, syphilis, gonorrhea: negative
Imaging:
EKG: normal sinus rhythm
-CT head and CTA head: No acute hemorrhage, mass effect or midline shift. Stable subcentimeter pons lacunar infarct, stable atrophy of globes
CTA chest: no PE
-MRI Brain with contrast- There are multifocal areas of T2 hyperintense signal with mild mass effect involving the right hemi **medulla,** right dorsal pontomesencephalic junction, right dorsal **pons,** and extending to involve the right dorsal dorsal/lateral **midbrain.** More focal areas of T2 hyperintense signal which probably represent chronic lacunar infarcts are noted within the pons and basal ganglia. There is no acute hemorrhage
MRA Brain-Normal, no vessel occlusion, MRI spine- normal
CSF analysis-Clear, normal Opening pressure, no RBCs, WBC-160 elevated, NP-85%, Protein-76 elevated
CSF culture -ve
Knee and Hip XR-normal, MRI hip-normal
Patient was treated initially with steroids for the concern of CNS vasculitis, 2 years later patient presented again with leg pain , genital and oral ulcers. Patient was started on steroids and later tapered off.

Dx: Behcet's Disease

Problem Representation: 42 year old man presented with numbness on left side of the body and difficulty to move the left side of the face associated with recurrent DVT refractory to treatment, uveitis, ulcers and brainstem issues.

Teaching Points (Eugene):

Patient with same side motor weakness and sensory symptoms
-Unilateral sensory and motor symptoms: lesion begins and ends in brain
-Localizing site of injury- Brainstem vrs cerebral cortex: Motor weakness exclusive to face and sensory symptoms at same side likely contralateral cortical or subcortical or multifocal brainstem lesion
-Left side motor/sensory: Lesion in contralateral cerebral hemisphere or brainstem (cranial nerve deficit on same side)

Past medical hx
-Hypercoagulable state: ischemic event<-> thromboembolic
Intravascular (embolic/thrombotic-APS, cancer) vrs extravascular (vasculitis, autoimmune-lupus, behcet's)
-Other system involvement: eye, ear: possible inflammatory process (recurrent uveitis, cranial nerve viii involvement)/ small vessel ischemic disease affecting CNS vrs purely thrombotic event

Exams and Labs
-Motor weakness limited to face sparing forehead: suggests UMN
-CRP, ESR elevation indicates some systemic inflammatory process vrs pure stroke
-Pattern of lesion on MRI: CNS vasculitis
-LP showed inflammatory CSF findings, no demyelinating cause.
-Clinical picture of multisystem involvement: eye, ear, genital ulcers, hypercoagulable state, involving brain stem- neuro behcet