



# 8/6/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Vini (@vinibarzon) & Julia Case Discussants: Youssef (@saklawiMD) and Zaven (@sargsyanz)

Scribing (Lera)  
**CC:** 70M presenting with **AMS** for 1 day  
**HPI:** Lives in facility. Brought by EMS with progressive AMS. Baseline: AO x3 -> AO x 2, slurred speech during the past day -> **AO x 0, difficulty to response next morning.** No records for time spent in the facility, other Hx or family.

Recently seen for **high PSA** by urology. 2 mo ago total PSA – 7.65 (nl < 4), isoform PSA 27.3. Also evaluated by general surgery for **L chest wall ulcerated mass**, treated w cefalexin, tempo unclear. No Hx of stroke.

**PMH:** HTN, COPD  
 T2DM (c/b diabetic polyneuropathy)  
 Schizoaffective disorder, Paranoid schizophrenia  
 Bipolar disorder

**Meds:**  
**Insulin**  
 Risperidone  
 Rosuvastatin  
 Fluoxetine  
 Valproate  
 Gabapentin  
 No inhalers

**Fam Hx:** not known

**Social Hx:** from Cleveland, no recent travels or exposures

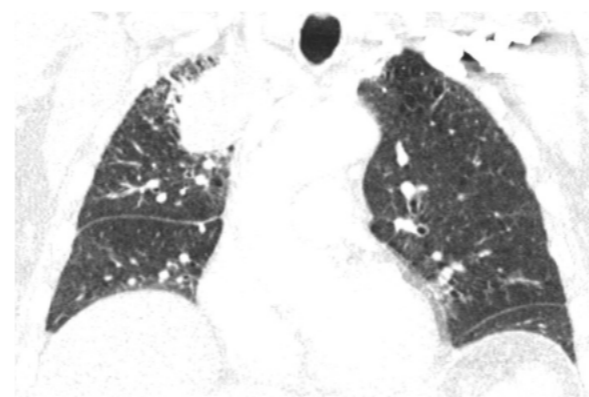
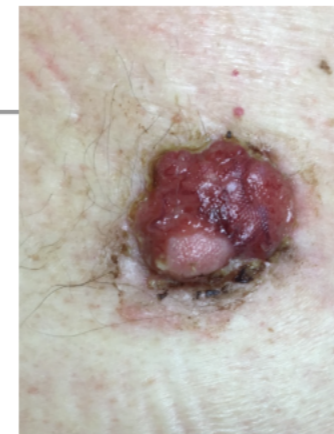
**Health-Related Behaviors:** smoking unclear, no drug use

**Allergies:** none

**Vitals:** T: afebrile **BP:** 137/61 **HR:** 99 **RR:** 22 **Sat:** nl  
**Exam:** **HEENT:** big tongue, PERRLA **CV:** nl  
**Pulm:** rhonchi, dullness to percussion in right upper lobe  
**Neuro:** AO x 0, obtunded, no verbal response, poor response to motor stimuli, withdraws pain, opens eyes to pain, GCS – 7  
**MSK:** left breast 4 x 8 cm mass, foul intense smell

**Notable Labs & Imaging:**  
**Hematology:**  
**WBC:** 32 (neutrophilic) **Hgb:** 11 **Plt:** 254 **MCV:** 85  
**Glucose:** 438 **VBG:** pH 7.45, HCO3 26, Lactate 1.9

**Chemistry:**  
 Na: 133 K: 3.9 Cr: 0.8 BUN: 10 Ca: 9 Cl: 97 LFTs: nl **Coags:** nl  
**UA:** pyuria, but no leukocyte esterase **Utox:** negative  
**Abdominal XR:** normal



**CT chest:** spiculated RUL mass with satellite lesion, mediastinal and hilar LAD  
**CT brain, facial bones:** nl  
**MRI prostate:** R apex focus suspicious for prostate cancer

-> in ED started on vancomycin + zosyn + 1L NS -> later ABx stopped. Unsuccessful lung biopsy attempt, biopsy of breast mass done. Patient started waxing and waning, difficulties ingesting food, later agitated

**Breast Bx:** Poorly differentiated carcinoma that was hard to stain

**Dx:** metastatic undifferentiated carcinoma of unclear primary (Lung cancer? Breast cancer? Prostate cancer?)

**Problem Representation:** A 70 y/o gentleman with Hx of T2DM on insulin, high PSA and an ulcerated breast mass unresponsive to Abx presented with new acute AMS. Was found to have neutrophilic leukocytosis and hyperglycemia. Imaging showed RUL spiculated lung mass and focus suspicious for prostate cancer. Bx of breast mass revealed poorly differentiated carcinoma.

**Teaching Points (Seeme):**  
**Approach to Altered mental status:**  
 -We can think about hypoglycemia/ hypercarbia/ narcotics in a patient with diabetes on insulin and COPD. We need to differentiate psychosis from altered mental status.  
 -Disorientation with dysarthria makes us think about a neurological deficit. Dysarthria can be seen as a consequence of a metabolic syndrome. We can have brain imaging to understand the process better.

**Approach to chest wall mass:**  
 We can think about infections or malignancies, we can see if it is solid or liquid. Ulcerating masses are usually subacute to chronic. We can see if the mass is isolated or present somewhere else as well.

**Approach to exam findings and labs:**  
 -GCS less than 8- intubate is an old dictum but decision to intubate is patient specific.  
 -We have findings in lungs as well as brain findings so we can think about metastasis to brain and lung from breast cancer or lung cancer or prostate cancer.  
 -We can always check for calcium level in someone with suspected malignancy. High neutrophil count can be due to infection or a sign of inflammation.

**Approach to imaging:**  
 -Lung cancer is unlikely to spread only to breast. We can think about p53 mutations which can cause multiple cancers such as lymphoma, sarcoma, breast, prostate cancer.  
 -Mild PSA level indicates a localized prostate cancer. Biopsy can help us localize.