



# 10/19/25 Morning Report with @CPSolvers

“One life, so many dreams” Case Presenter: Seeme (@) Case Discussants: Rahul (@RahulPottabath1) and OG Zakariyya (@pouroverguy)  
<https://clinicalproblemsolving.com/present-a-case/>



<p>Scribing (Lera)  <b>CC:</b> 77F with 3 days periods of <b>confusion and agitation</b>, recent <b>change in voice</b>.</p> <p><b>HPI:</b> Brought in by grandson. <b>R side of neck looks full</b>. Seen by dentist -&gt; mandibular swelling -&gt; clindamycin started for presumed infection.  24 h later -&gt; <b>fever, anorexia, unable to eat</b>.</p> <p><b>ROS:</b> otherwise negative.</p>	<p><b>Vitals:</b> T: 101 F [38.3 C] HR: 100 BP: 140/90 RR: 16 Sat: 97%  <b>Exam:</b> Gen: Distressed  <b>HEENT:</b> swollen tongue deviated to the L, R submandibular and facial swelling, stiff TMJ  <b>CV, Pulm, Abd, Neuro, Extremities/skin:</b> normal</p> <p><b>Notable Labs &amp; Imaging:</b>  <b>Hematology:</b>  <b>WBC:</b> 15 (<i>neutrophilic</i>) Hgb: 11.8 Plt: nl</p> <p><b>Chemistry:</b> Cr: 1.9 BUN: 32 <b>ESR &amp; CRP:</b> both high TSH: nl  <b>BCx:</b> NGTD [already on ABx]</p> <p>-&gt; <i>airway protection initiated, broad spectrum ABx started, specialists consulted</i></p> <p><b>CT head and neck:</b> floor of mouth inflammatory changes and loculated fluid collection w/o mediastinal extension.</p> <p><b>Dx:</b> Ludwig's angina complicated by abscess.</p> <p>-&gt; <i>ENT consulted, plan to drain the abscess for source control</i></p>	<p><b>Problem Representation:</b> A 77 year-old lady with Hx of thyroid cancer in remission, now present with acute intermittent confusion, fever, anorexia and dysphonia. Exam notable for asymmetric swelling and trismus. CT of the head &amp; neck showed floor of the mouth abscess.</p>
<p><b>PMH:</b>  Thyroid Cancer (treated with resection -&gt; now in remission)  Asthma  Arthritis  HTN</p> <p><b>Meds:</b>  Valsartan  Lisinopril  Clindamycin  Inhalers for asthma  Levothyroxine</p>	<p><b>Fam Hx:</b> —</p> <p><b>Social Hx:</b> no trauma / falls / travel Hx.</p> <p><b>Health-Related Behaviors:</b> 30 years Hx of smoking</p> <p><b>Allergies:</b> —</p>	<p><b>Teaching Points (Eugene)</b>  <b>Approach to AMS in elderly:</b> More background data to understand cause (Vascular-no miss vs main CNS vs systemic cause manifesting as CNS (electrolyte abnormalities, infections, other metabolic)  <b>Background data:</b> Thyroid CA/post-radiation neck may be cause of laryngeal dysfxn leading to change in voice.  <b>Exams findings:</b> Fever, swollen deviated tongue, submandibular swelling may be pointing to infection/inflammatory process (no miss-Ludwig, other deep neck space abscesses) vs post-rad complications vs surgical complications  Anticipate elevated WBCs, abnormalities in calcium, send for blood c/s, imaging  <b>Labs:</b> pointing to infectious/inflammatory process  CT scan showing loculated fluid collection could be ludwig or other deep neck space abscess. Important to include surgical drainage.</p>