



11/14/25 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Hans (@) Case Discussants: Rabih (@rabihmgeha) & Reza (@RxDxEdu)
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Gillian)
CC: 12 yo boy with progressive bilateral arm pain and weakness and numbness for 2 weeks.
HPI: 2 weeks ago fell off his bicycle and landed on right arm.
-denies hitting head, no head trauma, no LOC
- feeling of “fuzziness”, pain in right arm extends to back and left arm
- woke up last night with pain and couldn’t grasp object
- No relief with tylenol and ibuprofen
ROS: trouble with voiding (yesterday), denies confusion, dizziness, ha, n/v

PMH:
unremarkable
Fam Hx:
unremarkable
Social Hx:
unremarkable
Health-Related Behaviors:
unremarkable

Vitals: T: 36.4 (97.5) HR: 76 BP: 143/102 RR: 15 Sat: BMI:
Exam: Gen: anxious in distress, holding neck in flexed position
Neuro: cranial nerves nl, decreased upper extremity strength bl, **deltoid:** right: 0/5 left: %; **biceps:** right: 0/5; **triceps:** right 0/5, left %, **grip strength:** right: % ; no loss of sensation/temp bl in upper extremities; normal reflexes
Normal strength in lower extremities, normal gait
Bladder: Post void residual 1L
MSK: tenderness t2-t10, no pain over acromion joint

Notable Labs & Imaging:
Hematology: nl
Chemistry:nl
Imaging:
XR: normal, no fracture
MRI cervical and thoracic spine:
- Epidural possibly subdural lesion c7-c5; mentioned concern for hematoma compressing spinal nerve tract
- Conglomerated lymph node in left neck level 3 and 4. Subclavicular lymph node 1 cm in diameter

Neurosurgery consult to decompress spinal cord. They found intradural extramedullary mass. Pathology: malignancy with finding of anaplastic large cell lymphoma (alk positive). Pt received chemo and is doing fine. Paralysis resolved.
Dx: central cord syndrome secondary to ALCL lymphoma

Problem Representation: 12 yo male with progressive bilateral upper extremity weakness and urinary retention found to have intradural extramedullary mass due to anaplastic large cell lymphoma.

Teaching Points (Gerardo)
Progressive bl arm pain, weakness and numbness
Weakness: decreased muscle power vs sensation of weakness;
CNS-UMN (sensory level, bowel bladder, hyperreflexia) vs
PNS-LMN (atrophy, fasciculations)
Bladder symptoms + bl UL weakness: cervical spine imaging
Key aspects of neurologic exam: disconnection between findings from UL vs LL
Syringomyelia can arise from trauma or from congenital abnormalities (Chiari I malformation) and present with a suspended decrease in temperature and pain sensation.
Progression of the lesion can cause spasticity due to anterior horn damage.
Lymph node involvement: past history will determine relevance (reactive from trauma or unrelated)
Epidural hematoma: bleeding/coagulation disorder vs trauma vs malignancy