

1/27/26 Neuro VMR with @CPSolvers

"One life, so many dreams" Case Presenter: Zakarriya.E(@thestudydoc (IG)) Case Discussants: Dr.Aaron & Dr Sebastian
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Sana)
CC: Acute psychiatric disturbance and tremor
HPI: 20 y/o male, previously well, 1 week history of confusion, talking to himself. Intermittent RUQ pain.

ROS:
 No weakness, bulbar symptoms, no fever.

PMH: —

Meds: —

Fam Hx:

Social Hx:
 Student

Health-Related Behaviors: —

Allergies: —

Vitals: Normal

Exam: **Gen:** Thin and tall, agitated, odd behaviour-talking to self, low mood

Abd: Mild hepatomegaly (2 cm below costal margin)

Neuro: Cranial nerve exam normal, power 5/5, GCS 14/15 (oriented to self)

Tremor at rest, postural and during action. Right sided, high frequency tremor LL - slow and rhythmic, UL - high amplitude.

Notable Labs & Imaging:

Hematology:

WBC: N Hgb: N Plt: 90 Low MCV:

Chemistry:

Normal chemistry

LFT - mildly elevated aminotransferases.

HIV -ve, RPR non reactive; Vit B6, B12 Normal

UTox- Normal

Imaging:

MRI: T2 hyperintensities in the Basal Ganglia, subtle midbrain changes

24 Hr Urine copper - markedly elevated

Slit lamp - KF rings

Dx: Wilson's Disease

Problem Representation: 20 year old male with no known comorbidities presented with 1 week history of psychiatric disturbance and tremor with intermittent RUQ pain, exam revealed hepatomegaly, low platelets and slightly elevated LFTs. T2 hyperintensities in the basal ganglia on MRI and KF rings noted. Urine copper markedly elevated.

Teaching Points (Kritika)

Psychiatric disturbance-

Acute-Infections(Rhombencephalitis), Intoxication(Eg,Alcohol, drug withdrawal), vascular, autoimmune/paraneoplastic

Medical, Neurological, Psychiatric- broad classification

Also classified based on **acute, subacute or chronic presentation**

Tremor

True tremor vs other mimics(chorea, dystonia, myoclonus,etc)

Movement disorders causes- **Primary neurological disease**(Parkinson, Essential tremor), **Local structural cause**(cerebellar, rubral), **systemic cause**(hyperthyroidism, ?porphyria, anxiety), **drugs**(antidepressants, etc)

Lateralisation, frequency, amplitude, state

→High amplitude, resting+action- rubral tremor(Red nucleus)- proximity to SSP(Cerebellar)+SN(parkinsonism); →High amplitude, intentional-cerebellar

→Low amplitude, high frequency-thyroid; →Low amplitude, low frequency, Resting tremor- parkinsonism; →Postural/action, high frequency, low/moderate amplitude-drugs,essential

Focal seizure/hemichorea- can be hyperglycemia

Combination

Intoxication(alcohol), Infection(?HSV-Limbic; Arboviruses(West Nile, Eastern Equine)-basal ganglia; Mumps- cerebellum), Toxic(Wilson), Autoimmune (Anti-NMDAR Encephalitis)

MRI Brain in Wilson's-basal ganglia and midbrain- 'Face of Panda sign', 'Split Thalamus sign'