



12/27/25 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: (Aye@) Case Discussants: (Dr. Galina Gheihman@) & (Vale@valeroldan23)
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Seeme)

CC: 15 yo, male, right sided weakness and numbness for a month

HPI:

Since this year, January, he started complaining that he was falling behind a lot at school, has been having some problem with processing school works. His balance was off and fell easily, and can not do sports anymore around January. He had some problem with thought process, staring into space at times though he would respond when his name was called. He also complained of dizziness and blurry vision. He mentioned that he could not see the board properly and had trouble with reading. That has been progressively getting worse since January.

In March 2025 he developed right sided weakness and numbness for a month. He also had intermittent headaches about 2 times a week. He never had headaches like this before. His headaches last few hours each time not associated with photo phonophobia. He did not have nausea or vomiting with the headaches.

PCP – ordered brain MRI – abnormal scan concerning for malignancy – refer to neurosurgery and oncology – got levetiracetam for seizure control – transfer to tertiary hospital – ER all aware of mass lesion MRI and prepared for arrival

PMH: ADHD

Meds:

Fam Hx: adopted at 4y

Social Hx:
Health-Related

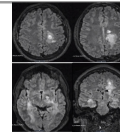
Behaviors:

Allergies:

Vitals: T: nl HR: nl BP: nl RR:nl Sat:nl BMI: nl
Exam: Gen: oriented HEENT: EOM nl CV:nl Pulm: nl Abd:nl
Neuro: Motor: Normal bulk and tone. No pronator drift. Right 4+/5 shoulder abduction, elbow flexion, wrist extension. R 4/5 hip flexion. Strength 5/5 in upper and lower extremities left side. Normal fine finger movements. Sensation: Intact to light touch, temperature, and joint position sense in the upper and lower extremities bilaterally. Romberg negative. Reflexes: 2-3 beats of clonus at the ankles on the R. +pectoralis on the right, +Cross adduction.Coordination: No ataxia on finger-to-nose or heel-to-shin testing. Gait: Narrow based with normal arm swing. Toe and heel walking normal. No difficulty with tandem gait.

Notable Labs & Imaging:

CT C/A/P: nl



LP: opening pressure 19, <5 nucleated cells, 105 rbs, protein 49 and glucose 64

Autoimmune , cytokine, infectious panel: negative

MRI: enhancing mass in posterior aspect of left frontal lobe, separate enhancement in left midbrain and R temporal lobe.

Repeat MRI: partially rim enhancing lesions in left frontal lobe around the frontal horn of lateral and involving thalamus and midbrain cerebral peduncle, small enhancing lesions if left parietal and right temporal lobes. Patient improving with IV steroids ADEM suspected, transferred to current hospital, weakness better on steroids

MRI with MS protocol: multiple CVS lesions (left frontal, right temporal) and 2 PRLS within large left frontal lesion

Patient met 2024 McDonald Criteria

Dx: Multiple Sclerosis

Problem Representation: 15 y old M presented with right sided weakness and numbness associated with intermittent headaches and dizziness and blurry vision.

Teaching Points (Siva)

Weakness-anatomical approach from cortex to muscle.

Lesion site correlation with sx.

Cortical sx. Post fossa lesion?Dizziness,blurry vision -optic nerve involvement.

Dizziness can be due to raised ICP as well.

Cerebellum efferent syndrome ?-shows cortical

sx(emotional,flat,language defects)-memory is not much affected.

Glioma -spreading(can involve both hemispheres)

Tumour,tumefactive MS (globular, rounded lesion),infectious?

LP -inflammatory cells,flow cytometry,culture,autoimmune.

Partial ring enhancing -can be seen in infectious process.

MS vs MOGAD(basal ganglia,thalamus)-perivascular involvement is relatively MC in MOGAD.

MOGAD,NMO -longitudinal spinal cord involvement (MS involves short spinal cord segment).

MS-MRI spectroscopy, biopsy.empiric rx is reasonable in right circumstance.

MRI Phase imaging -iron vs calcium(pineal gland)