



4/2/26 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Manoswini (<3) Case Discussants: Rabih (@rabihmgeha) & Fahed (@)
<https://clinicalproblem-solving.com/present-a-case/>

Scribing (Hans)
CC: 60 YO F w/ forgetfulness and confusion since 8 months
HPI: Apparently normal 8 months back then confused could not find her house and needed help. 4 months back went to a pilgrimage with friends, forgot she came w/ friends took bus back home. 15 days ago, friends noticed change in behaviour - forgets things she had done.

ROS: No bowel/bladder involvement, head injury, seizures

PMH: None

Fam Hx: Non contributory

Meds:

Social Hx:

Health-Related Behaviors: Adequate sleep

Allergies:

Vitals: T: 98.5 BP: 110/80 RR: 18 Sat: 98 BMI: 24
Exam: Gen: Alert and Oriented
Neuro: conscious, weak attention, unable to count numbers backwards, normal language, impaired recent memory, normal remote memory, normal gait, no cerebellar signs.
Normal cranial nerve exam, normal tone, normal power, normal reflexes, normal gait

Notable Labs & Imaging:

Hematology:
CBC normal

Chemistry:
CMP: Normal
B12: N
Thyroid Profile: N
HIV, RPR: Negative

Imaging:
MRI: Cortical ribboning in occipital lobes.
EEG: Periodic Sharp-wave complexes

Dx: Creutzfeldt-Jakob Disease



Problem Representation: 60 y/f p/w forgetfulness and confusion for 8 months. Her vHx is significant for forgetting recent activities which in turn diminishes her ability to pursue her ADL. Vitals are normal. But her neuro exam shows impaired recent memory with normal remote memory. Labs significant for normal CBC and Chemistry Thyroid and B12 normal. MRI shows cortical ribboning. EEG: Periodic sharp wave complexes.
Based on these findings Progressive CJD over 8 months.

Teaching Points (Julia)

- Localizing the problem:
 - **Chronicity**, helps to 1: chronic nature of a disease. **lethargic disease**: organ (intertwined w/ gut) => **extrinsic**, blood based problem (acute presentation)
 - **Symptom based**, cortical (Alzheimer's) OR limbic system: a) **limbic body and vascular dementia** (gait is limited, incontinence)
- Understanding the prognosis:
 - Irreversible**, Diffuse, multifocal lesion (dynamic blood based problem i.e. Hypothyroidism, vitamin B12, B6, if deficiency, anticholinergic medication) xms
 - Reversible**, rare!, focal problem w/ pressure mediated, discontinuous from pathology i.e. in MPE (pressure), SDH /or focal lesion i.e. frontotemporal - healthy parenchyma is
- Diff Diag for rapidly progressing dementia syndromes
 - a) Aggressive version of common disease (Alzheimer)
 - b) Antibody mediated encephalitis
 - c) CJD (cortical ribbon pattern)
- Disease w/ misfolded protein
CJD prion disease - (intrinsic propensity) vs Amyloid (age related dysfunction)
- CJD: Genetic, exogenous, age related - wide phenotypic presentation
Typical presentation: rapid progressing dementia feat., ataxia and myoclonus; less common affecting the cerebellum in complete isolation
Diagnosis:
 - a) Histological feature: spongiform degm. And vacuolation of the neurons
 - b) RT quick non-invasive Test. induces conformational change in nasal brushings
 - c) Image finding: Globus pallidus, cortical ribboning in MRI (can be subtle)