1/13/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (Sneha@)* ***Case Discussants****: (Kirtan@KirtanPatolia) & (Ravi@rav7ks)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Seeme)

CC: 18 y old boy with difficulty walking for 1 week

HPI:

He had some calf pain for 2 days that settled and numbness in R toe. He brought MRI spine which had been advised by doctor he had consulted, showing diffuse disc bulge at L3-L4 and L5-S1, had mild cold 2 days before symptoms started

ROS: No visual changes, no difficulty chewing, speaking, no bowel bladder symptoms, no fever, no back pain or neck pain.

PMH:

Hypothyroidism

Meds:

Thyroxine 25mcg

Fam Hx:

Consanguineous marriage in parent

Social Hx:

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Health-Related Behaviors:

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Allergies:

NKDA

Vitals: T: 97 **HR**:83 **BP**: 130/70 **RR**: **Sat**: **BMI**: 29

Exam: Gen: nl **HEENT**: nl **CV**: nl

Pulm: nl **Abd**: nl

Neuro: weakness distal> prox lower limb bilateral,**Power:** ⅘ at knee, ⅗ at ankle and ⅕ in toes , upper limb: power nl ,**Reflexes:** absent both lower limbs preserved in upper limbs ,**Sensation:** preserved ,no disturbance of higher mental function/ CN or cerebellar signs

Extremities/skin: nl

Notable Labs & Imaging:

Hematology:

WBC: 7.9 Hgb:16.6 Plt:3.61 MCV:

Chemistry:

RBS: 197, electrolytes and B12: nl

Imaging: MRI brain: nl

CSF analysis:Cell count 10 cells (1 N and 9L),CSF biochem: glucose 173, protein 149.2 and chloride 129

NCS- Upper limbs: F waves latencies prolonged, both side median and ulnar nerve conduction velocities nl , left ulnar nerve CMAP was reduced proximally compared to distally- suggestive of demyelination

Lower limbs: CMAP and SNAP could not be obtained

IVIg started acc to weight, no improvement-needed walker , OHA for diabetes started and antibodies for LADA: -ve , statin started for dyslipidemia

Antibodies against neurofascin 155, Gd 1b, GQ1b, GM1: neg

Antibodies against neurofascin 140 and 186: positive

Improvement with rituximab

Dx: Autoimmune Nodopathy/Paranodopathy from NF 140/86 antibodies

Problem Representation: 18 y old boy presented with difficulty walking for 1 week associated with distal limb weakness and loss of reflexes. NCS showed prolonged F wave latencies and reduced nerve action potential.

Teaching Points (Eugene)

What helps us ambulate? Skeletal structure, muscles, intact nerves (motor, balance, sensory. Any break in these pathway may affect ambulation, also apraxia and then pain. Ask questions which point is ambulation difficult (first few steps vrs long walk). Calf pain can be intermittent. Numbness could point to peripheral neuropathy

Pathology Neurological, vascular, musculoskeletal. Etiology can spa from Infections, inflammatory causes, trauma or genetic in the age range of our patient

Illness script:

-Disc bulge at L3-L4/L5-S1 (+ young Age : spondyloarthropathies, trauma?)

-Flu-like symptoms (+ AMS- encephalopathy?), (+ Ascending weakness/paralysis- GBS?) (+ polyradiculoneuropathy - AIDP?)

-Distal motor weakness > proximal weakness (+ areflexia : pathology in PNS?)