10/27/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: *Zach Rothstein* **Case Discussants**: *Conan Liu(@) & Helen Shi(@)& Kuchal Agadi (@AgadiKuchal)*

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

Scribing (Nithya Erabelli):

CC: 30M tremors, myalgias, diaphoresis, palpitations

HPI:

30 year old male on **hospital day three** of a medicine admission develops **tremulousness** of all four *extremities*, **myalgias**, **diaphoresis** and **palpitations**, no loss of consciousness.

He presented to the emergency department two days prior w/ cc of two days LLQ pain + two days of maroon-colored stools, with nausea + generalized weakness.

Vitals in ED:

T: afebrile **HR**: 85 **BP**: 115/70 **RR**: 16 **Sat**: - **BMI**:

ROS:

PMH:

Crohn's disease status-post ileal resection, for which he took ustekinumab, and a history of generalized anxiety disorder, for which he took sertraline. Vitamin D3, Vitamin B12, tylenol PRN

Meds:

Fam Hx:

Social Hx:

Office in urban area, ives with partner, denies drug and alcohol use

Health-Related Behaviors:

Allergies: NKDA

Vitals: T: **101.1 HR**: **125 BP**: 105/65 **RR**: **Sat**: 95% RA **BMI**:

Exam: Gen: AxO, anxious

HEENT: intermittent and involuntary rapid horizontal eye movements

CV:

Pulm:

Abd:

Neuro:

MSK/skin: 5/5 strength, tremor in UE, 3+ reflexes (+ clonus at ankles)

Notable Labs & Imaging:

Hematology:

WBC: **Hgb:11 (down from 13)** Plt: MCV:

Chemistry:

Na: K: Cl: HCO3: Ca: Mg: BUN: Cr: Glu:

AST: ALT: ALP: T. Bili: T. protein: Alb:

ESR: **CRP: 12** LDH:

Imaging:

EKG:

CXR:

Echo:

Course:

Colonoscopy negative → given ondansetron for nausea

Push enteroscopy negative (induced with fent + prop) → after procedure, patient developed tremulousness, myalgias, diaphoresis, palpitations

Ondansetron, sertraline, and fentanyl held. Given lorazepam, cyproheptadine, and diphenhydramine, with gradual resolution of symptoms

Problem Representation: 30M on sertraline for anxiety presents on admission day 3 with tremors, myalgias, diaphoresis, palpitations iso recent ondansetron and fentanyl use, found to have hyperreflexia, ocular myoclonus, hyperthermia, and tachycardia.

Teaching Points (Daniel Lim)

Start with clarifying neurological vs non neurological

Diffuse tremulousness with myalgias, sweating, and palpitations, without reported loss of consciousness

Suggests a systemic or toxic-metabolic process; clarify whether the movements are tremor, rigors, or myoclonus.

GI symptoms

Abdominal pain and maroon stools raise concern for GI bleeding or Crohn's activity.

The hemoglobin drop may indicate blood loss

Crohn's and ileal resection also make nutrient malabsorption relevant.

Consider infection before treating a suspected flare with steroids.

Consider timing and medication hx

Symptoms began after procedure and anesthesia

Sertraline plus newly given ondansetron and fentanyl raises medication toxicity, including serotonin syndrome

Check current vitals - temp, heart rate, blood pressure, EKG, muscle findings, and CK to evaluate for serotonin toxicity, infection, and arrhythmia

Conduct neuro exam - especially reflexes

Myoclonus

Identify if its positive or negative

Positive = sudden muscle contraction

Negative = brief loss of muscle tone

Rhythmic myoclonus can be confused with tremors

Look for systemic causes including hypercarbia, hypoxia, uremia, etc

Early management of suspected serotonin syndrome

Stabilize first - check airway, establish IV access, and assess vital signs. Escalate care if patient is unstable.