08/16/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Ethan (@e_chiu17)* ***Case Discussants****: Kirtan (@KirtanPatolia) & Anmol(@anugrewal19)*

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

Scribing (Noor):

CC: 74 yr old M has transient loss of consciousness in the hospital basement.

HPI: Baseline: Independant in all activities. On 7/1 , he was sitting on a chair at restaurant when developed an episode of LOC. Began abruptly without a clear prodrome.Wife noticed BL staring, stiffness of both hands and mild shaking of all four extremities.Was unable to produce words, could only make sounds.His body then leaned to one side , followed by LOC. No urinary incontinence, chest pain, URI. Had retrograde amnesia and agitation, requiring physical restraints in the ED.

ROS:

Prior ep of sudden collapse, p/w non shockable rhythm.ROSC after 5 mins of CPR. Whole body CT-1.1 cm RUL pul nodule with mediastinal lymphadenopathy. Enoxaparin for suspected PE

PMH:
Small cell Lung Ca,T2N3M0
s/p Cardiac arrest
HTN
DM2
CAD
Aseptic /viral Meningitis?

Meds:
Amlodipine/Valsartan
Rosuvastatin
Aspirin
Vildagliptin/Metformin

Fam Hx:

Social Hx: NA

Health-Related Behaviors: NA

Allergies: NA

Vitals: T: 37.2 **HR**: 106 **BP**: 171/85 **RR**: 20 **Sat**: 100% on RA
Exam: Gen: Depressed, Drowsy **HEENT**: Gross nl
CV: RHB, no murmur **Pulm**:clear Bl **Abd**: soft
Neuro: CN intact, E2V1M5,isocoric pupils, 4+/4+
Extremities/skin: No pitting edema

Notable Labs & Imaging:

Hematology:
WBC: 11.2 (seg 48%,Lymph 38%) Hgb:14.6 Plt:281 D dimer:0.87

Chemistry:
Na:138 K:3.8 Ca: nl BUN:14.8 Cr:0.85 Glu:nl AST: ALT:12
Lactate: 72.9 hsTrop:0.0041(nl) VBG:7.179/52.6/19.2 Ketone nl

Imaging:
CT Brain w/o Contrast: No infarct or intracranial hemorrhage
EKG: sinus rhythm CXR: unremarkable
Echo:Concentric LV hypertrophy, suspected Afib, trivial MR+AR
Holter:Sustained Afib with rate ranging 45-150, longest pause 2.1 sec

Clinical Course:
Started on carboplatin/etoposide on 7/3, 7/4 had a transient epi of AMS with spontaneous recovery. Discharged on7/10 for outpt Holter but developed another ep of limb twitching, upward eye deviation and LOC for 1 min followed by confusion. Brought to ED, GCS E4V4M6,2 more episodes in the ED, terminated after Diazepam.Started on Levetiracetam, later switched to brivaracetam dt concern of delirium.
Brain MRI: Chronic small vessel ischemic changes, EEG:Mild diffuse cortical Dysfunction
LP: Protein 40.1,WBC 7(neut 30.9%,lymph 58.2%, mono 7.3%,eos 1.8%),Gram stain neg, Glu 71, Viral PCR neg, TB PCR neg, Culture neg
GABA B Rc positive, Serum SOX 1 pos, Hu pos, GAD65 pos
Diagnosis: Paraneoplastic anti GABA B R Autoimmune Encephalitis

Problem Representation: Elderly gentleman with PMH of small cell lung cancer and sustained Afib, presents with multiple episodes of LOC accompanied with limb twitching found to have paraneoplastic autoimmune encephalitis.

Teaching Points (Glen)

-Spontaneous AMS: 6S e.g syncope(followed by complete recovery), sugar, seizure(timeline helps to differentiate). Infections(meningitis). Baseline and PMH helpful.
-AMS on a seated position: Atypical of syncope. Look for mimics(do MRI brain, LP, EEG).

-Cardiac Arrest: PE and hypercoagulable state. Could explain cardiogenic syncope.
-Causes of Syncope: Aortic stenosis, LVOTO, arrhythmias, PE, vasovagal through compression.

-EKG: Sinus tachycardia could be PE. Get imaging or d-dimer.
-Afib: Could explain syncope(esp with history of cardiac arrest). Has high CHADS2 VASC score and needs anticoagulation. With normal haemodynamics, reassuring.

-Lactic Acidosis: From Tumor? PE? metformin(unlikely), nutritional(thiamine deficiency)? Continue trending lactate, BMP, give thiamine.

-Limb Twitching & LOC followed by confusion: seizures? Multiple nl EEGs cannot r/o seizure. Or ictal syncope(not captured on EEG)? Etoposide CNS toxicity? Meningeal infiltration(not seen on imaging), paraneoplastic encephalitis(pos anti Hu, GABA B).