3/22/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Glen (@)* ***Case Discussants****: Andrew S (@ASanchez_PS) & Rahul (@RahulPottabath1)*

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

Scribing (Gillian)

CC: 83 yo F w/ painful monocular vision loss and hallucinations.

HPI: 4 days before, had pain in left eye→vision loss

Unsteady while walking

Three years ago came for similar presentation in the right eye w/ headaches to temporal region got steroids and biopsy but final diagnosis was TIA started on clopidogrel

4 mo ago presented with fatigue, nl labs except elevated ALP (nl liver enzymes, US, CT) and two "incidental" pancreatic cysts. Fatigue thought to be 2/2 insomnia. Started on melatonin.

ROS: Denied headache, jaw pain, fatigue, dizziness, scalp tenderness, fever, chest pain, dyspnea, joint pain or stiffness, GI symptoms

PMH:
Cervical spinal stenosis- Tx with discectomy and fusion c3-c6
Celiac sprue
HTN
HLD
Graves Thyroidectomy c/b hypothyroidism
osteoporosis

Meds:
Ezetimibe
Acetaminophen
Gabapentin
Denosumab
Levothyroxine, vitamin D

Fam Hx:
Mother- Alzheimers, prostate ca in father

Social Hx: from northeastern US for 75 yrs, moved to southeast recently; retired office worker

Health-Related Behaviors:
No alcohol, tobacco, drugs,
Cancer screening up to date; vaccinations up to date

Allergies: NKDA

Vitals: T: 36.7 **HR**: 54 **BP**: 125/58 **RR**: 13 **Sat**: 98

Exam: Gen: Alert and oriented, Unsteady gait

HEENT: brisk & symmetrical temporal artery pulses, tender L Frontal skull area, facial sensations intact

Neuro: intact painless EOM, no nystagmus, left RAPD, gait unsteady, no weakness, CN V & CN VII, 3+ reflexes diffusely and symmetrically **Optho**: right eye 20/40, left no light perception

Extremities/skin: no rashes, peripheral edema, no restricted joint ROM except C spine, crepitus, mild bl knee suprapatellar effusions

Notable Labs & Imaging:

Hematology:

WBC: 14K 75% neutrophils Hgb: 11.5 Plt: 598

Chemistry:

BMP: nl AST: 61 ALT: 54 Alk-P: 266 Bili: 0.5 ESR: 86 CRP: 16.8 LDH: nl CK: nl TSH: nl FT4: nl SPEP: nl UPEP: nl **Infectious**: HIV: neg BCX: neg Hep A/B/C: neg EBV PCR: neg Lyme: neg Quant Tb Gold: neg CMV IgG: positive

Urine: UA: nl; Utox: nl Chromatin: neg

Rheumatologic: ANA: positive; ANCA: neg; RF: neg anti dsDNA, SSA, SSB, RNP, Smith, SCL70, Jo1,

Imaging:

CTA Chest: centrilobular pulm nodules and atelectasis

Repeat MRI of C-spine: stability of fused cervical spine, unchanged stenosis

MRI T-spine: chronic compression fracture of mid thoracic vertebral body

CT head w/o contrast: no evidence of bleeding

MRI brain: age appropriate white matter lesions c/w atherosclerotic disease

Course:

Given IV prednisone and TMP-SMX Three days in: blurry vision worsened, new visual hallucinations, intermittently confused, tangential speech + personality changes w/ yelling and irritability

Repeat: physical: unchanged neuro exam

Temporal artery biopsy: temporal inflammation, multinucleated giant cells. Started on IL-6 inhibitor + quetiapine. Did not regain vision, but in remission.

Dx: Giant Cell Arteritis

Problem Representation: 83 yo F presenting with painful monocular vision loss, hallucinations, and signs of inflammation (ESR, CRP, leukocytosis) and otherwise negative workup found to have GCA.

Teaching Points (Siva)

>50 + vision loss-r/o GCA (vascular emergency),ACG?;
Hallucinations-substances?delirium?
Unsteady gait=impairment in Visual?,cerebellar?vestibular?
Single Temporal artery biopsy -not highly sensitive for GCA.
GCA mimickers- Syphilis,AL amyloidosis?
Optic neuritis- demyelinating diseases-NMOSD,MOGAD,MS?
Vit D low-Increased bone turnover-Increased ALk phosp.
Delirium in elderly-Psych effects commonly seen.

Never use steroid responsiveness for GCA.
Rule out priority>>most likely.