10/16/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (Zakariyya G@pouroverguy)* ***Case Discussants****: (Rabih@rabihmgeha) & (Mark@Mark_Heslin)*

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

Scribing (Lukas):
CC: 21 yo female presents to the ED with severe positional headache

HPI: uncomplicated c-section for suspected macrosomia on the fetus done under epidural; concern for gestational diabetes.
2 days of headache progressively worsening
Presented to the ED on day 8. No headache/relief while lying down

ROS (-): No nausea, vomiting, photophobia, neck stiffness, fever
Rx so far: suboptimal relieve under acetaminophen and ibuprofen

PMH:
None
Gravida IV para 2
2 previous miscarriages

Meds:
none
Not on oral contraceptive medication

Fam Hx: non contributory

Health-Related Behaviors:
Non alcohol use, no polysubstance use or illicit drug use
Lifetime nonsmoker

Vitals: T: 36,4 **HR**: 98 **BP**: 131/78 **RR**: wnl **Sat**: wnl 94 kg by 1,75 m
Exam: Gen: preferred to line supine down for more than 50% of the day
CV: wnl **Pulm**: wnl **Abd**: wnl **Neuro**: awake, fully oriented 4x, no meningism, no focal neurologic deficit

Course: Admitted to internal medicine, started on i.v. AB for susp. Meningitis
U-dipstick: wnl
LP: elevated 14 lymphocytes/ml and 10 polymorphs, protein 0,47 g/l (slightly elevated), Glucose 3,1
WBC: 10,5 Hb: 15,9 **Urea:** 3,1 **Cr**: 0,49 mg/dL micromoles/l **Na:** 139 **K**: 4,3
Hospital Day 3: afebrile, sinus rhythm, normal bp
→ developed generalized tonic clonic seizure, approx. 1 minute duration, no focal neurologic deficit after, no meningism, positive postictal phase of confusion
Labs: Uncorrected calcium 9,3 mg/dL Mg: 1,9 mg/dL P: 4,8 mg/dL Albumin: 31 g/l tBili: 3 ALT: 11 ALP: 84 TSH: 1,48, UPCR: 0,031 (quite low), dipstick protein negative, Anti-beta2,glycoprotein + anticardiolipin-AB negative, Rhesus D-antigen positive
PE: 144/99 mmhg, HR 100, Temp 37,2°C, 98% SpO2 on RA, RR 20
cCT w/o contrast: marked distinction of the dural venous sinuses with extensive filling defects. There was cerebral edema. Patent 4th ventricle and basal cisterns. No venous infarction or ICB. Diffuse symmetric white matter hypoattenuation. No space occupying lesions or abnormal intracranial enhancement, no extra axial collections. Midline central,no hydrocephalus. No herniation, normal posterior cranial fossa.
Rx: DOAK → full resolution of headache and recovery
Dx: SVT



Problem Representation: 21 yo female p/t ED with Hx for 8 days of progressively worsening positional headache with relieve while lying down with initial no other focal neurologic deficits developing a seizure in the course of the hospital stay

Teaching Points (Glen)

-HEADACHE: Primary[tension, migraine] vs secondary[SNOOP] including positional headache[increased ICP]. Headache history helpful (certain positions relieving pain more predictive of positional headache).

-COMPLICATIONS OF PREGNANCY: Preeclampsia, TMA e.g HELLP, and procedure related(post dural headache?). R/o other non-pregnancy related causes e.g cerebral venous sinus thrombosis.

-NO IMPROVEMENT AFTER LP: Not typical of post dural headache. Subacute likely Viral meningitis? (HSV, VZV). Pleocytosis and elevated protein could be from LP.

-SEIZURE: R/o reversible causes e.g glucose, electrolytes (MIST). Eclampsia? (look for high BPs, proteinuria & give Mg). HSV encephalitis? Could be structural complication of Intracranial hypotension e.g CVST, subdural hematoma (Imaging would be helpful).

-CVST: Pregnancy risk factor here + intracranial hypotension.