5/6/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Manasa(@)* ***Case Discussants****: Steph (@StephVSherman) & Zaven (@sargsyanz)*

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

Scribing (Ramaswamy)

CC:68 y/o male -
Forgetfulness × **3 months**
Involuntary movements × 2.5 months
Difficulty in ADL × 2 months
Behavioural changes × 1 month

HPI:
Insidious onset, **progressive forgetfulness with repetitive questioning**, misplacing objects, forgetting recent events with preserved remote memory. Progressed to impaired ADLs (re-taking medications, difficulty using mobile phone)
a/w **abnormal grimacing of face**, deviation of mouth to L reported by wife (**2–3 sec, 80–100/day**, no LOC). **Abnormal stereotypical UL movements** -character could not be explained properly by the wife.
Later developed **behavioural changes**: binge eating, aggression, new-onset alcohol-seeking behaviour, apathy.

ROS: No fever, headache, focal deficits, hallucinations, or language/visuospatial complaints.

PMH:
HTN - 20 years

Meds:
(telmisartan 40 mg HCTZ 12.5mg)
h/o repeated dosing due to forgetfulness

Fam Hx: NA

Social Hx: working at a battery manufacturing company - 20 years. Mixed diet, Normal B and B, No sleep changes, Increased appetite.

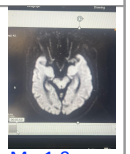
Health-Related Behaviors: NA except new onset alcohol consumption.

Allergies: NA

Vitals: HR:95 **BP**:140/90 **RR**:15 **Sat**:99% RA **BMI**: nl

Exam: Gen: Unremarkable. Conscious, non-co operative
HEENT: Normal **CV**: S1,S2, heard; **Pulm**: B/L AE, **Abd**: soft, non-tender
Neuro: MMSE: 18/30, MOCA: 16/30; Memory: Impaired recent & episodic recall; remote memory preserved; Attention: Impaired (Stroop, Trail B)
Executive function: Impaired (Unable to plan activities, sequencing)
Language: No abnormalities.
Motor: Tone normal, power 5/5, reflexes normal, plantar flexor response, glabellar tap - (+); Sensory, CN, Cerebellar, PNS, gait: wnl; repetitive dystonic seizures of B/L UL (2-3 /sec, 80-100/day) with facial grimacing

Notable Labs & Imaging:



Hematology:
WBC:5.4 Hgb:12.3 Plt:401

Chemistry:
Na:133 K:4 Cl:97 HCO3: Cr:1.09 BUN:35 Glucose: Ca:8.8 Mg:1.9
TSH:3.4, B12: 508; HIV / HBsAg / HCV/VDRL: (-), heavy metal panel (-)
CSF - Clear, acellular; Protein: 35 mg/dL ; Glucose: Normal
HSV PCR: Negative; Culture: No growth
Autoimmune antibody Panel **LGI1 encephalitis antibody: (+)**, NMDA, AMPA, GABA-B, CASPR2 (-)
Neuronal antibody profile: Purkinje cells (+) fluorescence in the cerebellum in IFA studies. Reflex immunoblot - S0X1 autoantibodies

Imaging:
MRI Brain: **T2/FLAIR hyperintensity in medial temporal lobe (hippocampus)**
Mild chronic small vessel ischemic changes
EEG: Normal
FDG PET-CT scan- hypermetabolic involving bilateral basal ganglia, bilateral thalami, pous ad left mesial temporal cortex

Dx: LGI1 encephalitis

Problem Representation: 68Y M with subacute progressive memory loss over 3 months with behavior changes, with faciobrachial dystonic seizures on exam, with imaging revealing medial temporal lobe hyperintensity and basal ganglia-thalamic hypermetabolism s/o autoimmune encephalitis.

Teaching Points (Siva)

1. Occupation related Toxic (battery) exposures-Pb,Mn.
CNS & Other sx(clue)?
Normal serum levels + neurological deposition→consequences??
2.Infections/Autoimmune causes- usually CSF imprint is seen.
3.Glabellar tap- frontal reflex
4. Medial temporal lobe-HSV,autoimmune encephalitis.
MRI for prion-(cortical ribboning)-relatively low specificity in early disease stage.
Dx -RT QUIC test helps.
5.EMG helps for PNS.
SOX 1 mutation- A/w small cell lung carcinoma (paraneoplastic effect of LGI1 encephalitis)
6. FTD -frontal sx initial onset:Prion -rapid,a/w myoclonus.