10/25/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: *Jessica Maaskant* **Case Discussants**: *Kirtan (@KirtanPatolia) & Glen*

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

Scribing (Lera & Seeme <3):

CC: 19F with sudden L sided **monocular vision loss**

HPI:

Went to outside hospital, diagnosed with UTI -> Keflex, seen by ophthalmologist which noted left sided disc edema, was in grocery store when blurriness in L eye-explained like seeing through magnifying glass, improves on covering eye , rapid onset

ROS: associated with nausea, sweats, body aches which self resolved.

PMH:
Psoriasis
Hx of gonorrhea and chlamydia infection

Meds:
Cephalexin-dis continued

Fam Hx: aunt with SLE

Social Hx: daily THC use, occasional EtOH

Health-Related Behaviors:
One partner, no barrier protection. Cat and kittens at home <3

Allergies:
NKDA

Vitals: stable
Exam: Gen: decreased visual acuity of L eye
HEENT: enlarged cervical and inguinal lymph node
CV: wnl **Pulm**:wnl
Abdomen & GU: abdomen non-tender
Neuro: wnl
MSK/skin: superficial non purulent abrasions on chest and wrist
Optho: L sided disk edema, macular edema and retinal lesions

Notable Labs & Imaging:

Hematology: WBC: 8.1 Hgb: 10.1 Plt: 266 MCV: 79.9
Chemistry: Unremarkable
TB, NMOs, HIV, syphilis and toxoplasma: neg
MOG IgG: positive, initially false positive HIV test
Bartonella IgG: >1:1024

Imaging:
MRI brain: diffuse enlargement of bilateral lacrimal glands with some fat stranding, mild prominence of lymph nodes including cervical nodes
CT A/P: calcified lesions in spleen and liver
CT chest: reinforced calcifications in liver and speen

Dx: Bartonella Neuroretinitis

Problem Representation: 19 old FM with sudden L sided vision loss, found to have disc and macular edema with retinal lesions and cervical and inguinal lymphadenopathy with enlarged lacrimal glands and calcifications in liver and spleen.

Teaching Points (Meghna)

- U/L vision loss, think of:
1. CVS: Pipes, Plasma, Pump - vessels, blood or emboli from elsewhere
*** Amaurosis fugax in young patient -> look for risk factors for thromboembolism (family history), MS (in middle aged woman)**
2. Neuro: Optic neuritis (MS)
- Further information on vision loss: 1. Chief complaint - can't see while driving/blurring of vision
2. Rate/progression
3. Pain - behind the eyes/from head and neck
- Consider risk factors to assess for severity of pathology - always r/o life threatening factors first
- Nausea, malaise - could point to a systemic infection -> optic neuritis
- Examine CN II, III, VI
- Urinary symptoms + eye problems -> Syphilis (considering h/o STDs)
- Psoriasis: uveitis > sudden vision loss
- Neuro exam is subjective/disease can progress - re-examine in few days
- Localize the pathology: eye, optic nerve, optic chiasma, geniculate nucleus, visual cortex
Causing edema:
1. Optic nerve - optic neuritis/perineuritis (head of optic nerve i.e. papilla - inflammatory reaction - capillary leak - blurring of disc margins)
2. Retina - neuroretinitis (infections: HSV, VZV, EBV, Spirochetes, Bartonella, Toxoplasma, TB)
3. Raised ICP - can affect one eye first - mass lesion in orbit (tumour, infection)
- Optic neuropathy - no disc edema: Ischemic, non-ischemic (genetic, substances)
- LN, scratches/skin lesions -> infectious pathology; U/L LN pattern - portally acquired organism
- Purely optic neuritis - no retinal lesions
- Vitreous flare: viral>> bacterial
- Macular star (Bartonella) - vascular inflammation in retina - lipid exudates - arrange along nerve fibres radially
- B/L Lacrimal gland pathology- viral/intracellular bacteria/autoimmune (can go anywhere) - Sjogren's, Sarcoidosis (rare w/o chest involvement, mostly optic neuritis), HIV (acute dacryoadenitis)
- Calcification in liver/spleen - granulomatous (TB), histoplasma, echinococcus, SLE (splenic calcifications), sickle cell anemia
- Dystrophic calcification - prior scarring - in older individuals/endemic regions
- Intracellular bacteria -> can cause granulomas - Bartonella/Pasteurella
- Bartonella - lots of antibodies - FP HIV; - Macular star - takes time to appear; - H/O flea exposure is imp
- Anatomical clarity before sending serology!