9/23/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: (@Kyaw Thet) **Case Discussants**: (@Helen Shi) & (@Aye)

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

Scribing (Hans):

CC: 76 y/0 m pw HA for 2 months right side headache, progressive in nature.

HPI: Right sided intermittent for 2 months
Gradual onset, right ear pain, right occipital pain,
Right hemicranial HA can not wear hat sometimes vomits, feels dizzy and sleepy and generalized weakness w/ tendency to fall backwards. Dysphagia solid>liquid, constipation with hard stool.
Loss of wt 120 lbs to 96 lbs
Denies cardiac and respiratory problems.

ROS:

PMH:
DM 2 HTN,
CKD, BPH
For 6 months tinnitus reduced hearing Foreign body removed
Sudden Right sided weakness removed w/ glucose.
Right facial palsy
Meds:
Atorvastatin

Fam Hx:

Social Hx:

Health-Related Behaviors:

Allergies:

Vitals: T: wnl **HR**:
BP: 171/81 **RR**: **Sat**:98% **BMI**: all normal
Exam: Gen: PERRLA
HEENT: facial asymmetry
Right temporal artery thickness
Right otitis media
Neuro: VII LMN lesion facial palsy on right side
Power 5/5, except ⅘ on hip and knee flexion
Reflexes normal
Hoffmann sign negative
Plantar response flexor
Finger to nose test ok
VIII reduced hearing on right side
I Hyposmia
II unable to reads w/o glasses
III, IV, VI normal
V Hyperesthesia on right side of face
CV: normal
Pulm: normal
Abd: normal
Extremities/skin: wnl

Hematology:
WBC: Hgb:7.9 Plt: MCV:
Fe low, TIBC low Transferrin normal
Microcytic hypochromic anemia of chronic dz.
Chemistry: normal
ESR: 120 CRP:113.9 D-dimer >3000
Imaging:
MRI: diffuse infiltrative scull based findings
Mastocytosis
Osteomyelitis
Nasoscopy no lesions, chronic inflammation negative for malignancy
ENT profile normal
US : temporal vessels findings consisten w/ gigant cell arteritis Artherosclerotic plague along frontal branch of right temporal artery

Hemogramm leukocytosis

BCX no growth Dx: B/L osteomyelitis w/ mastitis GCA can be excluded.

Problem Representation: Older male comorbid with new onset headache with red flags including constitutional syndrome and with associated lower cranial nerves compromised. The MRI showed B/L mastitis with osteomyelitis. US temporal US pointed to GCA.

Teaching Points (Javier)

First approach of headache

- **Primary** (Migrain, tension type headache, Trigeminal Autonomic)- *ICH3 classification gives specific criteria. Eg. Migraine : 3-72 hours, photophobia or phonophobia…*
  Trigeminal (Unilateral pain, red eye,e.g.) Subdivided based on duration.
- **Secondary** (Inmunologic, infections, bleeding, structural)

Look for red flags: Fever, Rapid onset, **systemic signs (**eg. weight loss), old age.

SNOOOP10

PEARLS

- Reproducible pain could be associated with **nerve irritation**
- Solid dysphagia can help go towards a structural cause. However, lower cranial nerves can explain sometimes **dysphagia**, thats why is always important to evaluate every cranial nerve.
- Any localizing symptoms is relevant in the context of headache.
  Eg. Contiguous mastoiditis. In this case right ear pain was revealing
- >50 years always considerate GCA.
- Jaw Claudication is not always painful, it's also ability to finish to feed due to tired jaw
- Cranial nerve VIII go through internal auditory canal (MRI would be the next step), also cranial nerve comes in around the same localization- Then **focality** around this skull base location could be the explanation of the full presentation.
- It's not unusual to find a **skull base osteomyelitis** that could be cause these multiple neuropathies, metagenomics sequencing is next step when empiric antibiotics don't work