10/01/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Kaleem (@)* ***Case Discussants****:Rabih (@) & Jahanvi (@)*

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

Scribing (Pavandeep):

CC: 40sF recurrent abnormal movement + severe headaches w/ bg joint pain (several years)

HPI:

3 years, intermittent pain + mild swelling multiple joints (b/l knees, hand) + pain particularly MCP / PIP→ diffuse. Morning stiffness (1-2 hrs), improvement w/ movement. NSAIDs help. Episodes- twitching left eye + face, sudden severe unilateral throbbing headache= last several mins. Post episodes= aware of surroundings and returns to baseline. During some episodes, breathes rapidly + palpitations + mild chest discomfort.

ROS:

No seizural sxs, no preceding aura.
Denies any of: photosensitive/malar rash, has multiple bruises on forearms, no hair loss, no raynaud's, recurrent ulcers, dyspnoea, lower limb swelling, frothy urine, gross hematuria, proximal muscles weakness, neck stiffness or pain, constitutional sxs

1st admission: bleeding from mouth

PMH:
No hx of stroke, pe, epilepsy
T2DM
Prev. multiple pregnancy losses - ? cause

Meds:
NSAIDs
Stopped AntiDM meds for > past 6 months

Fam Hx:

Social Hx:

Health-Related Behaviors:

Allergies:

Vitals: T: 36.9 **HR**: 82 **BP**: 120/80 **RR**: **Sat**: 98% **BMI**: 28
Exam: Gen: ill looking, TTP
HEENT: normal; several shallow painless ulcer on hard palate + oral mucosa/gums
Cv + Pulm + Abd= NAD
Neuro: normal between episodes
Extremities/skin: tenderness wrist, knee, several PIP + MCP, no warmth swelling or redness, no weakness or discolouration excep. Bruises on forearms. No other skin lesions/rashes noted. No calf tenderness

Notable Labs & Imaging:

Hematology:
WBC: 8.9 (x10^9) Hgb: 11.2g/dL Plt:293 (x10^9) MCV:
Chemistry:
Na: K: Cl: HCO3: Ca: Mg: Glu: HbA1c: 6.9%
ESR: elevate CRP: mildly elevated LDH:
LFTs + kidney panel: normal
U/A =trace protein, RBC 3-4 WBC 4-6, no casts, no protein

Positive ones= ANA + (1:640)- fine speckled pattern, antiDsDNA, Anti RNP= low +, Lupus AG +ive. **Negative ones:** anti Sm, Ro, anti- SSA/B, RF, anti CCP, C3/C4= Low, Anticardiolipin 68 gpL/Uml, antib2 glycoprotein I IgG +IVE

Imaging:
EKG: SR CXR: no pathology noted.
CT head + angio: no cranial / vascular abnormality noted.
MRI brain: normal MRV: no VST, no focal lesions, no demyelination/enhancement
EEG: normal b/g no epileptic forms

Dx: SLE, psychogenic non epileptic seizures , suspected APLS

Problem Representation:
Middle aged women w/ chronic inflammatory polyarthralgia + recurrent brief left facial twitching with severe u/l headaches, w/o impaired awareness, accompanying easy bruising. ANA, anti-dsdna, low C3/4, triple +ive APL abs, but -ive, neuroimaging, and EEG. Dx see below!

Teaching Points (Lourenço)

- **Discomfort vs dysfunction:** whenever you have many symptoms, follow-up on the ones that cause dysfunction, rather than the ones that cause discomfort (++ abnormal movements).
- **Protracted joint disease**: think of autoimmune diseases, mainly in patients with symmetric diseases. In the context of isolated polyarthritis, think of RA or spondyloarthropathies.
- **Severe causes of unilateral headache**: GCA, skull base osteomyelitis, eye pain, or mass lesions along the pathway of the trigeminal nerve. But more often than not, unilateral headache is related to primary headache syndromes (i.e., benign). Brain headache causes pain in the whole head, even if it's only a small, unilateral SAH.
- **Bleeding syndrome**: think of platelets, coagulation factors or vessel / peri-vessel diseases.
- MCTD occurs in the context of disproportionately high anti-RNP antibody, with other antibodies being negative. About 5% of patients have trigeminal neuralgia.
- **AI diseases associated with trigeminal neuralgia**: MS, SLE, MCTD, sarcoid, scleroderma, Sjogren (<3 Mark).