



6/17/26 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Daniel Lim (@) Case Discussants: Sharmin (@) & Ann Marie (@annkumfer)
<https://clinicalproblemsolving.com/present-a-case/>



Scribing (Julia Z)
CC: 58 male presented to the nursing facility with **dyspnea and increased oxygen requirements**

HPI: Presented to the ED on 5L oxygen saturation 93%, intermittent somnolence on arrival, unable to follow instructions. Pt was intubated on the ED due to unresolved hypercapnia.

Day 1 on ICU: developed **fever 102**, tachypneic. Mentation was improving. Pt reported **progressive weakness on the past several months**.

Day 2: Foley in place and on nasal cannula 1 L (baseline), fevers continued

Weeks later: received vitamin B12, symptoms improving, had cervical spine laminectomy

PMH:
 HTN
 Bipolar disorder
 Schizophrenia
 Bed-bound for unknown reason
Meds:
 Quetiapine
 risperidone

Fam Hx: -
Social Hx: =
Health-Related Behaviors:
 Meth and amphetamine use
 Nitric oxide use
Allergies:

Vitals: T: 101.7 HR: 121 BP: 140/99 RR: 26 Sat: 96% on 5L nasal canula
Exam: Gen: somnolent, unable to answer questions
HEENT: nl CV: tachycardia, normal heart sounds
Pulm: normal **Abd:** nl
Neuro: open eyes to command, unable to complete rest of exam. **Weakness on right upper and lower extremities (more than L), brisk patellar reflex on R, spasticity on R- finger and elbow flexion, extensor plantar reflex on R, diminished L patellar reflex**

Notable Labs & Imaging:
Hematology:
 WBC: 11.1 / CBC otherwise within normal limits

Chemistry:
 BMP within normal limits
 pH 7.19 pCO2 88 Bic 32.6 → pH 7.21 pCO2 79 (after few hours of Bi-PAP)
 Troponin: elevated 25.2
 UA: leukocyte esterase 2+, nitrate neg, protein trace, blood trace, bacteria +
 Infectious workup neg MMA elevated 1778
 Myasthenia gravis workup negative
 Blood cultures negative

Imaging:
 EKG: left axis deviation, sinus tachycardia
 CXR: Lungs hypoexpanded w bibasilar airspace disease
 CTPE neg for pulmonary embolism
 MRI spine: degenerative disease with atrophy most evidence on C3. Mild cord compression

Dx: Hypercapnic respiratory distress from multifactorial etiology (degenerative myelopathy + subacute combined degeneration of the spinal cord from functional vitamin B12 deficiency)

Problem Representation: 58-year-old bed-bound man with nitrous oxide use and progressive months-long weakness presenting with acute hypercapnic respiratory failure and fever, found to have asymmetric UMN findings and evidence of cervical myelopathy with functional vitamin B12 deficiency (elevated MMA).

- Teaching Points (Varsha)**
- **Bed bound Patients:**
 - **disruption to skin barrier, immobility → clots, ulcers, increased risk of Hospital acquired infections (pseudomonas, COVID, influenza),**
 - **Dyspnea and low O2 - lungs/ heart/ vasculature**
 - **Psychiatric past history - know baseline**
 - **medications: NM blockade, sedatives (aspiration)**
 - **BIPAP: higher risk of aspiration in altered patients**
 - **No improvement → NM weakness (atrophy? reflexes?), medications (opioids)**
 - **UMN/ LMN + urine retention**
 - **Possible spinal → Cervical?**
 - **anatomical/ blood flow/ vitamin (SCD)/ infections**
 - **+ fever → epidural abscess?**