10/28/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Ravi (@rav7ks) **Case Discussants**: Sharmin (@Sharminzi) & Reza (@)

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

Scribing (Hans):

CC: 56 y/o f w/ new expressive aphasia

HPI: According to her family she has developed significant difficulty expressing herself verbally. She appears to recognize her family members and attempts to engage in conversation she struggles to communicate her thoughts and formulate spoken responses.

She has a hx of a right meningeal stroke requiring neurosurgery with residual left-sided weakness.

ROS:

PMH: Meningioma with resection 7 years ago
HTN
DM

Meds:

Fam Hx:

Social Hx: No alcohol, no substance

Health-Related Behaviors:

Allergies: Denied

Vitals: T: 102.6 **HR**: 108 **BP**: 100/70 **RR**: 22 **Sat**: 98% **BMI**:

Exam: Gen: awake, alert

HEENT:

CV: tachycardic

Neuro: chronic left hemiparesis (her baseline)



Notable Labs & Imaging:

Hematology:

WBC: 16.5 Hgb:11 Plt: 216 MCV:

Chemistry:

Na: 136 K: 4.9 Cl: HCO3: 21 Ca: Mg: BUN: 45 Cr: 4,3 Glu: nl

UA: LE (Leukocyte Esterase) 500+, nitrite -, WBC 177

Imaging: Post surgical changes otherwise unremarkable.

US abdomen/pelvis: right hydronephrosis severe.

CT abdomen right ureteral stone 9 mm ureterolithiasis

Echo: TTE -, TEE: mobile anterior mitral leaflet vegetation

BCX: Candida albicans

MRI: Multiple restricting cortical and subcortical infarcts, MCA territory, no abscess, no ring abscess

Dilated eye exam: No corneal retitinis

LP: clear

→ IV fluconazole

DX: Native mitral valve Candida endocarditis seeded from obstructive urinary source candidemia complicated by septic emboli to the left MCA territory causing expressive aphasia.

Problem Representation: 56 y/o f p/w expressive aphasia. PMH significant for a right meningeal stroke w/ residual left weakness and a meningioma 7 years ago s/p neurosurgery.Vitals showed T102.6, labs WBC 16.5, US/CT abdomen revealed right hydronephrosis w/ a 9 mm ureterolith. BCX and urine culture grew candida albicans. TTE showed a mobile vegetation at mitral valve..
DX Candida albicans seeded to MCA territory causing expressive aphasia.

Teaching Points (Julia)

Tempo: acute course - stroke vs seizure vs encephalopathy

Aphasia: Language deficit => frontal lobe (Broca area)
- Difference between disarthria → mechanical problem. If the patient is trying to speak, they will have difficulty, but when they speak, they speak clear. In the other hand, in aphasia they will not speak clear.

Stroke protocol: CT (without contrast) followed by CTA

Fever, leukocytosis: stroke complicated by sepsis or infection
- Labs to ask: culture (blood and urine)

Obstructive pielonephritis requiring drainage: would not cause the focal neurologic problem. The possible explanation could be hemat spread through the brain

Candida in blood stream will always be a problem (urine not) -> can cause embolic candidemia/septic emboli (ask for TTE!)
-Opht evaluation
-Urinary tract → blood → brain
-Risk factors: immunocompromised situation, DM