6/21/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: (Ravi@)* ***Case Discussants****: (Anmolpreet@) & (AMK@)*

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

Scribing (Seeme)

CC: 73 y old FM with confusion and difficulty completing tasks of daily living

HPI: having trouble with tasks such as using phone for 2 -3 days, slurred speech, subjective swallowing difficulty,
AMS(staring in space,minimally verbal), developed hypothermia on same day as altered mentation.

ROS: feeling of passing out, no fever.

PMH:
HTN
DM 2
CKD
Osteoporosis
Hip replacement
Tubal ligation

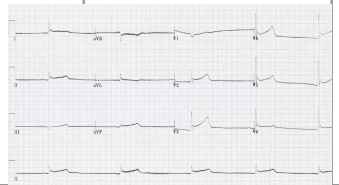
Meds:
Amlodipine
Valsartan
januvia

Fam Hx: -

Social Hx:
Retired worked as hospital administrator

Health-Related Behaviors:

Allergies: -



Vitals: T: 35.6 **HR**:40- 53 **BP**:176/111 **RR**:12 **Sat**: 96%on RA

Exam:
Gen: not toxic looking
HEENT: atraumatic
CV: bradycardia, no murmurs
Pulm: clear
Abd: soft non-tender
Neuro: alert and oriented ,kept repeating sentences , slurred speech, talked about childhood incidences, power 5/5 in all extremities, no facial droop

Notable Labs & Imaging:

Hematology:
WBC: 14 (N predominant) Hgb:9 Plt:200 MCV:nl

Chemistry:
Electrolytes: nl
AST: nl ALT:nl Alk-P:nl Bili: nl Albumin:nl ESR: nl CRP: nl LDH:
UA and blood Cx: neg
Free t4: 0.95 (low) , TSH: 7.53, Syn test: nl
Vit B1: very low

Imaging:
EKG: bradycardia, osborne waves
CT head: nl, MRI: small complex subdural collections, empty sella
CT chest: multifocal pneumonia, no masses
CSF LP:Cloudy, absent xanthochromia, WBC 2, segmented PMN: 79, Lymphocytes low, glucose high
Patient on meropenem and vancomycin, levothyroxine started, pneumonitis resolved. Antibiotics discontinued. Warming blanket needed, bradycardia and hypothermia did not resolve, Thiamine started, other symptoms improved, needed pacing for bradycardia.

Dx: AMS with hypothyroidism- sick sinus syndrome-thiamine deficiency

Problem Representation: 73 y old FM with PMH of HTN, DM, CKD presented with AMS associated with slurred speech, hypothermia and bradycardia. Labs showed hypothyroidism and thiamine deficiency.

Teaching Points (Renzo)

- **Approach to confusion in older adults: consider baseline cognitive impairment (e.g., dementia), then distinguish between intracranial (brain) and extracranial causes (e.g., metabolic or hemodynamic disturbances).**
- **Altered mental status: Secure the airway. MIST schema. Metabolic, Infection, Structural, Toxic. In older patients with CKD and DM be careful about metabolic disturbances. Infections do not always manifest as fever. Look for other hints of infections.**
- **Confusion plus hypothermia: Endocrinopathies (hypothyroidism, adrenal insufficiency) and med (antipsychotics).**
- **Bradycardia and hypertension: intracranial hypertension, hypothyroidism. Cushing reflex(HTN, bradycardia, irregular respiration pattern). Bradycardia: EKG, look for a reversible cause. Sinus bradycardia due to meds.**
- **Osborn waves: positive deflection at the junction of QRS complex and J point. A cause a Pseudo ST elevation. First described in 1953 in dogs.**
- **Empty sella syndrome:may lead central hypothyroidism, adrenal insufficiency. An infection can unmask it.**
- **Subdural collection: hygroma a benign cause**
- **Cosyntropin test: Give the patient a synthetic ACTH and see if the adrenals response.**
- **Aspiration pneumonitis: resolve pretty fast. In a patient with AMS an infiltrate may be 2/2 aspiration**
- **Nutritional deficiency is a cause of hypothermia (eg B1). Thiamine stores do not long too much. It also leads to heart.**