5/25/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: renzo(@)* ***Case Discussants****:Hans(@) & Austin(@RezidentMD)*

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

Scribing (Jahanvi)

CC: 23M , 15 days of progressive headache, fever, behavioural changes, altered mental changes

(Brought in by his sister)

HPI: 15 days before admission, he developed mild headache, relieved with OTC analgesics. Headache increased 4 days before admission a/w fever. Family also noted behavioural changes of apathy & decreased interaction, f/b irritability & inappropriate responses. On day of admission, condition worsened with aggressive behaviour & fluctuating levels of consciousness (periods of lucidity, failure to recognise relatives and incoherent speech)

ROS: Chronic lumbar pain X 7 mo. MRI LS spine showed L1 neurinoma.

PMH: NA

Meds: NA

Fam Hx: NA

Social Hx: from Peru, 2 miles from Lima, works as a gardener. Travelled to Chile in Nov 25. No similar household contacts, Incarcerated for 7 months in 2023.

Health-Related Behaviors: Occasional alcohol, recreational marijuana, cocaine use.

Allergies: Not known by family

Vitals: T: 38 **HR**:91 **BP**:120/80 **RR**: **Sat**: 99%? **BMI**:

Exam: Gen: oriented to person, place, not time, intermittently irritable

HEENT: WNL **CV**: WNL **Abd**: WNL

Pulm: decreased breath sounds in left lower hemithorax

Neuro: no FND, GCS 11/15 but + neck stiffness

Extremities/skin: WNL

Notable Labs & Imaging:

Hematology: WBC: 8400 Hgb: 13.3 Plt: 394,000

(N: 84.5%; L: 6.5% M : 8.9% ; E : 0%, B : 0.1%, Bands: 0%)

Chemistry:

Na: 134 K: 4.6 Cl: 94 Cr: 0.7

Bili total : 0.8

ID screen: HIV - Neg, HTLV 1 - Neg, VDRL/ RPR - Neg, HbsAg - Neg



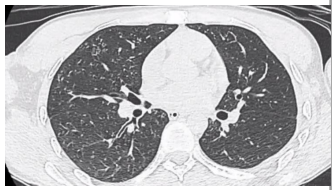
Imaging:

CXR: opacification in left lower hemithorax

Chest CT: bronchial wall thickening with tree in bud appearance (?)

miliary pattern

CT head: Normal



CSP Lumbar puncture:

Opening pressure - 30cm; WBC - 50 cells (85% lymphocytes); Glucose: 36; Blood glucose- 132; Protein- 140.

CSF PCR (Filmarray)- Neg for viral, bacterial and cryptococcal pathogens, Positive for MTB/ RIF with no rifampicin resistance detected

Dx: Miliary Tuberculosis (Tuberculous Meningitis)

Problem Representation: 23 M, presenting with progressive headache, behavioural changes and altered mental changes with past history of being incarcerated for 7 months 2 years back. Imaging revealed miliary pattern on chest CT, labs consistent with infectious etiology. CSF analysis revealed diagnosis of MTB/RIF.

Teaching Points (Krishna)

Headache:

Primary vs Secondary: Ask IS the source in the brain or elsewhere [headache is the driver or bystander?]

– Retrospectively: SICKNESS > headache or HEADACHE > sickness

? = [causes] → Meningeal problem(or meningo-enceph), Pressure problem, vessel problem

[Q1] = Age!! Young people can have ominous problems with simple complaints

[Q2]= Time course; 15 days; progressive ; Ask What came first in the constellation ?

[Q3]= Fever + Behavioural changes (what's the BL; what's the GCS)

Role of PMH/S.Hx in a young patient: Look for vulnerability

[Neurinoma] = AKA Schwannoma(Benign PNST)

Rapid Neuro exam pearls:

Walk them, talk to them, VISUAL assessment

Headache

?

Fever **AMS**

? = Miliary Tuberculosis with Tuberculous meningitis