

**Department of Internal Medicine  
Clinicopathologic Conference**

**February 2014**

**29 year old female presented with acute psychosis and autonomic instability.**

**Case History**

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**CC:** Acute psychosis

**HPI:**

A 29 year old female presented with an acute episode of altered mental status that consisted of delusions and hallucinations while working at a hair salon. Bystanders reported that the patient was yelling out "Jesus" and screaming that "something was inside of her trying to get out." She was admitted to an inpatient psychiatric facility and treated with ziprasidone, chlorpromazine, ativan and valproic acid. By report, she was very agitated and had bitten a nurse. The patient was unable to give any history, but her boyfriend noted that for the past week and a half, she had been having headaches, nausea, vomiting and diarrhea. He also noted that she had been emotionally labile and acting childish for the past few days. He denied any history of fevers, shortness of breath, chest pain, cough, constipation, sick contacts, rashes or abdominal pain.

Over the next 48 hours, she developed fevers, seizure-like activity with generalized tonic-clonic movements, arrhythmias consisting of sinus tachycardia to a heart rate of 150s alternating with recurrent episodes of sinus arrest with up to 20 second pauses and hypoventilation requiring intubation.

**Past Medical History:**

Ovarian mass (pathology unknown) - resected in 2009

**Past Surgical History:**

None

**Medications:**

Ibuprofen 800mg PO every 6 hours as needed

Lortab 7.5/500mg PO every 6 hours as needed

Methocarbamol 1500mg PO every 8 hours as needed

**Allergies:**

No known drug allergies

**Family History:**

No family hx of schizophrenia or bipolar disorder

**Social History:**

She works as a hairdresser in Petersburg, VA. She quit drinking alcohol three months prior. She does not smoke tobacco, but does smoke marijuana occasionally. She lives in a suburban setting, but her boyfriend lives in a rural area of Virginia. She has no recent travel outside of Virginia and boyfriend is not aware of any recent animal or insect bites.

**Review of Systems:**

Unable to obtain except for as mentioned in HPI.

## Physical Exam

Vital signs: 36.4 C, HR of 129, BP of 118/92, RR 12, 100% on assist control mechanical ventilation with FIO2 of 0.40.

Gen: Thin African American female. Intubated. Her eyes were open, but she was unresponsive to noxious stimuli.

Neck: Nuchal rigidity present.

Skin: No rashes or lesions.

HEENT: +Hypersalivation. Pupils 3mm, sluggishly reactive to light. Normal tympanic membranes bilaterally.

CV: RRR, no M/R/G

Chest: Lungs CTAB

GI: Normoactive bowel sounds. Abdomen soft, NT/ND.

Neuro: Diffuse, bilateral hypertonia, hyperreflexia and sustained ankle clonus. No gag reflex. Corneal reflex present. Plantar response flexor bilaterally.

Over the course of the next week, she developed rhythmic movements of her tongue, facial grimacing, frequent eyebrow furrowing and darting extra-ocular movements with a dysconjugate gaze.

## Laboratory and Imaging Studies

### Initial Serum Chemistry and Hematologic Tests

White Cell count	8.8
Hemoglobin	11.7
Platelet	271
Sodium	139
Potassium	4.0
Chloride	107
Carbon dioxide	28
BUN	11
Creatinine	0.68
Glucose	96
Total Bilirubin	0.5
Conjugated Bilirubin	0.2
Total Protein	6.7
Albumin	4.1

Alkaline phosphatase	46
Aspartate aminotransferase	48
Alanine aminotransferase	25
CPK	1566
C-reactive protein	1.1

### Cerebrospinal fluid analysis

	Day 1	Day 5
Opening Pressure	34 cm H2O	41 cm H2O
Color	Colorless	Colorless
Red Cells	32	333
White cells	62	27
Differential count (%)		
Neutrophils	2	5
Lymphocytes	97	93
Monocytes	1	2
Glucose (mg/dl)	57	48
Protein (mg/dl)	30	18
Oligoclonal Bands	Positive	

### Serum Immunologic Studies

ANA	Negative
Mycoplasma	Reactive
Pneumonia IgM	
Mycoplasma	Positive at 2331 U/mL
Pneumonia IgG	
HIV antibody	Negative
HIV viral load	Undetected
RPR	Nonreactive
Rabies Antibodies (IgM/IgG)	Negative
Lyme Antibody IgM	Undetectable
Lyme Antibody Total	Undetectable
RMSF IgM	0.24 index (nl)
RMSF IgG	<1:64
Blood Cultures	No growth to date

<b>CSF Immunological Studies</b>	
VDRL	Negative
<b>Lyme IgG/IgM</b>	Negative
<b>Cryptococcal Ag</b>	Negative
<b>Mycoplasma PCR</b>	Negative
<b>Rabies CSF PCR</b>	Negative
<b>West Nile IgM/IgG</b>	Negative
<b>Viral culture</b>	No virus detected
<b>Bacterial culture</b>	No growth to date
<b>HSV 1,2 PCR</b>	Undetected
<b>VDRL</b>	Negative

### **Imaging:**

CT head - No acute intracranial abnormality. No acute intracranial hemorrhage. No mass effect or midline shift. Normal preservation of gray-white differentiation. The ventricles are not significantly changed in size or configuration. There is no midline shift or transtentorial herniation.

MRI head - No acute intracranial process identified. No acute intracranial hemorrhage or infarct noted. No mass effect or midline shift. Incidentally noted cerebella tonsillar ectopia, measuring approximately 4mm. No abnormally enhancing foci after administration of contrast. Dural venous sinuses are patent.

EEG - Generalized slowing and disorganization with frequencies primarily in the delta range.

A diagnostic test was obtained and a diagnosis was made.