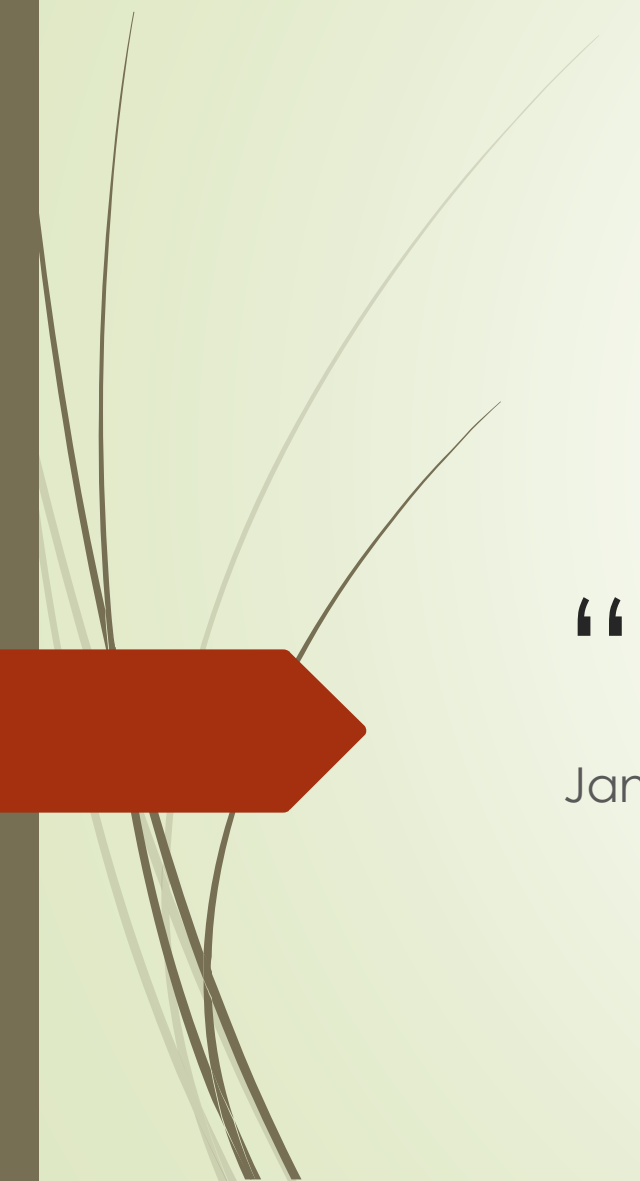




“What is wrong with me?”

Jana Brown, AuD

Disclosures

Jana Brown, AuD



➤ Financial

- Employee, Allegany Hearing & Balance Center
- Audigy member
- Former owner
- Chair, Board of Examiners for Audiologist, Speech-Language Pathologists, Hearing Aid Dispensers, and Music Therapists Maryland

➤ Non-Financial

- Board Member & president elect - Academy of Doctors of Audiology (ADA)
- Legislative Committee - Maryland Academy of Audiology (MAA)



Pt. referred by local PCP

- 17-year-old male, Brazilian
- PCP at wits end
- Past medical hx unremarkable other than asthma and had whooping cough year before
- Past surgical hx unremarkable
- No current medications
- Healthy active male
- Denied alcohol/drug abuse



Onset of symptoms

- January 3 onset of intestinal symptoms, accompanied by fever
- Eventual multiple ED visits due to protracted emesis and diarrhea
- Headaches
- Also, c/o “room morphing together” with imbalance



PCP visit

- Prescribed Fioricet with Codeine – Used to treat tension headaches due to muscle contractions
 - Pt. discontinued after 1 week due to delirium and racing thoughts
- Meclizine
- Prevacid
- Prochlorperazine maleate – Used to treat severe nausea, vomiting, migraines, schizophrenia, and non-psychotic anxiety
- Phenergan and Zofran for nausea – Did not slow vomiting



Admitted to hospital January 13, 2013

- Abdominal pain
- Protracted nausea and emesis
- Diarrhea and likely acute gastroenteritis, possibly Swine flu or intestinal flu



Testing obtained at multiple ED, hospital visits

- Colonoscopy
- Endoscopy
- MRI
- CT Scan
- Bloodwork
- Spinal Tap
- Thoracoscopy – looks inside chest cavity to dx or treat lung issues
- Bronchoscopy



Plan

- IV fluids/hydration
- Prep for colonoscopy
- Esophagogastroduodenoscopy colonoscopy the following day
- Start taking Zofran and Miralax



Discharge Diagnosis

- Colonoscopy was WNL
- Abdominal pain
- Reflux esophagitis
- Gastroesophageal reflux disease
- Nausea, vomiting, and diarrhea
- **Primary dx: Neurologic abnormality**
- “Nurses say you must have fun!! Xoxo”



Re-admitted to hospital on 1/22/13

- Same symptoms as before
- Did another colonoscopy and took biopsy
- WNL with no evidence of ulcers, masses, polyps, IBS, or celiac disease
- All bloodwork is WNL
- EEG is WNL



Discharge Plan

- **Discharge dx on 1/24/13**

- Abdominal pain
- Intractable diarrhea
- Intractable nausea and vomiting
- Acute gastroenteritis

- Advance diet slowly
- Prevacid 30 mg daily
- Return in one week



Post colonoscopy

- ▶ Continued nausea and daily emesis
- ▶ New symptom of worsening imbalance which began post first colonoscopy
- ▶ Dystonia and ataxia
- ▶ Mom reports “shakiness” in his eyes
- ▶ Severe, worsening headaches (migraine hx?)
 - ▶ Worsens upon sitting up
- ▶ Chronic burning abdomen
- ▶ Marked photophobia



Re-admitted to hospital on 1/30/13

- Discharged next day after IV fluids



PCP 2/4/13

- Still severe emesis with nausea
- Headache 8/10 electric quality worsening
- Worsening photophobia
- Dizziness/vertigo new symptom
- One episode of waking up and not knowing how he got to bed
- Fatigue, chills, weakness, body aches, weight loss, headaches, neck stiffness, dry mouth/lips, memory difficulties.
- “Ill appearing”
- Liquid diet for weeks now



PCP 2/4 2013

- Erythematous macular rash on chin (inflamed red skin caused by increased blood flow in tiny blood vessels near skin's surface)
- Abdomen diffusely tender to palpation
- Unsteady gait, slow broad step with limited leg movement at the knee and ankle.
- Unable to touch finger to nose with eyes closed
- Burning abdomen
- **Rule Out**
 - Idiopathic normal pressure hydrocephalus
 - Multiple Myeloma
 - Other encephalopathy
 - Acute demyelinating diseases encephalitis



Back to hospital on 2/7/13

- Unable to get IV placed after numerous attempts (12 hours) so was discharged.
- MRI on 2/13/13 was WNL other than a “probable 12 mm arachnoid cyst or extension of the temporal horn of the right lateral ventricle superiorly is noted and is believed to be of no clinical significance and is likely congenital.”
- Lumbar puncture on 2/4/13 showed no organisms/no growth 5 days



PCP 2/18/13

- Rx'd meclizine
- R/O post dural puncture headache
- R/O demyelinating encephalitis
- R/O Idiopathic normal pressure hydrocephalus
- R/O Multiple Myeloma
- R/O Other encephalopathy
- R/O Thyroid disease



➤ Plan

- Audiology consult for balance testing
- Vestibular Rehab Therapy (VRT)
- Ophthalmology consult for photophobia
- Neurology consult for second opinion for persistent vertigo with intractable nausea and vomiting
- Meds

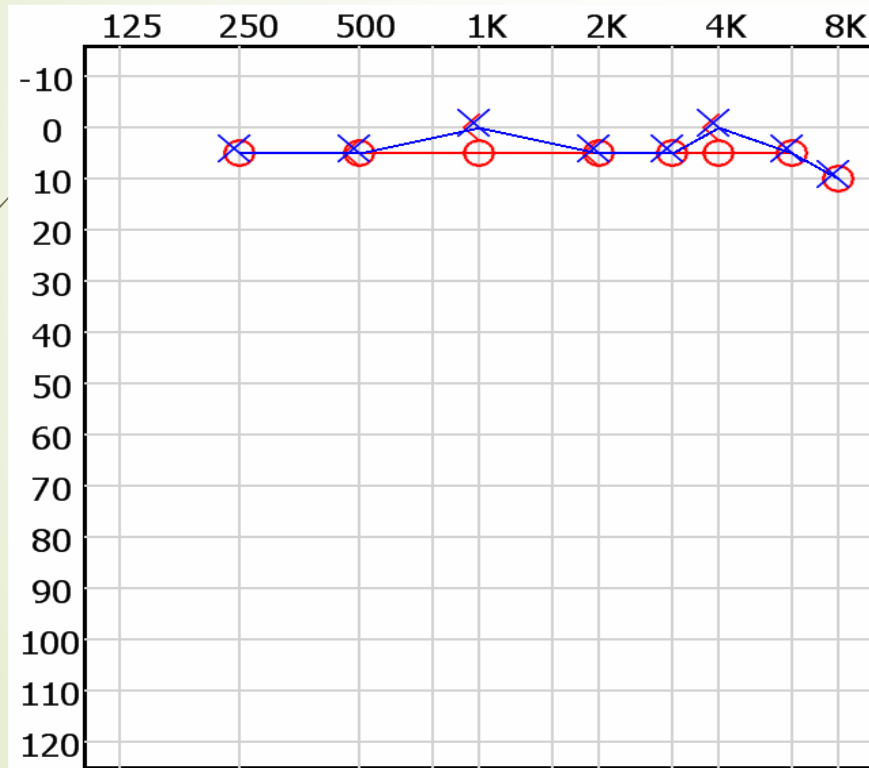


Johns Hopkins ED

- “Thorough” eye exam per mother
- Dx'd with vestibular migraine syndrome
- No meds or treatment recommendations

Audiology Consult 2/28/13

Normal Word Rec, OAEs, etc.





Vestibular workup

- VNG, VEMP
 - SOP – only did position 5, 6. Pt. unable to stand w/o assistance
 - OPKs – hyper responses
 - HFHS – Pt. unable to perform task correctly (vertical movement)
 - Bithermal Calorics – right directional preponderance
 - VEMP WNL
 - CNS findings?
 - Didn't have vHIT, rotary chair then

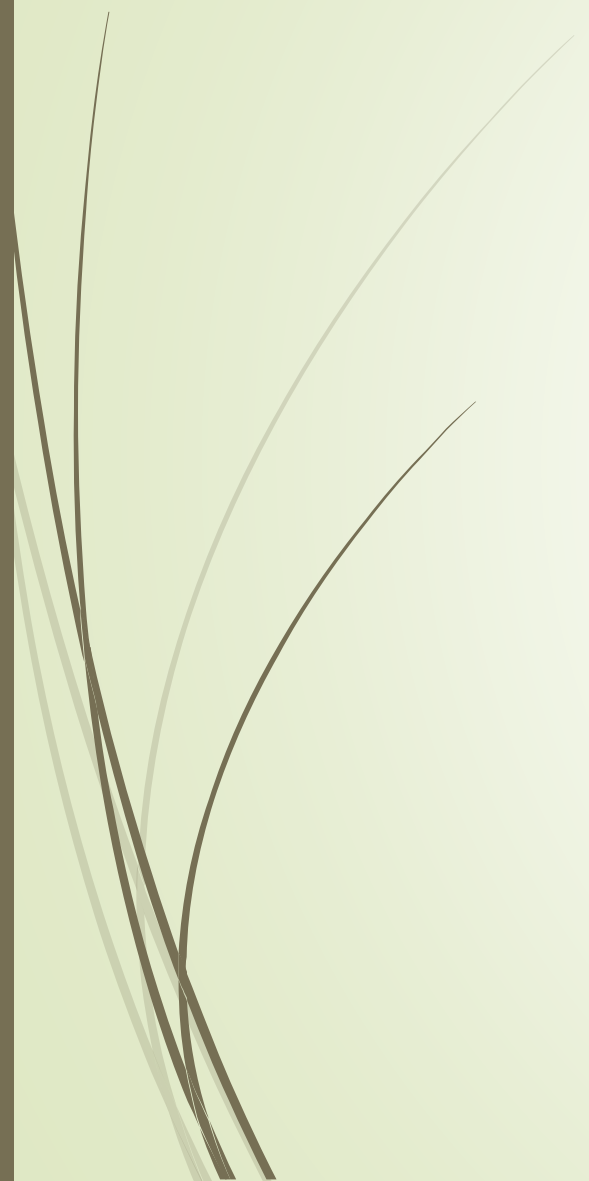


But....

Here's what I saw when I went to get the patient for his appointment...









What do you think the diagnosis is?

- Brain Tumor
- Vestibular Migraine
- Metabolic disorder
- Neurological disorder
- Cancer
- ?????



Motor Conversion Disorder

Now called Functional Neurological
Disorder (FND)



Causes/Triggers

- Related to how the brain functions, not damage to structure
- “Software glitch”
- Neurological and psychiatric disorder
- Reaction to stress
- Reaction to psychological or physical trauma
 - Past sexual abuse
 - Neglect in childhood
 - Domestic violence in the home
 - PTSD



Typical symptoms of Functional Neurologic Disorder (FND)

- Weakness or paralysis
- Muscle stiffness, abnormal postures (dystonia)
- Abnormal movement – tremors, difficulty walking (Ataxia)
- Loss of balance
- Loss of hearing
- Difficulty swallowing
- Seizures, episodes of shaking and apparent loss of consciousness
- Episodes of unresponsiveness
- Slurred speech or inability to speak

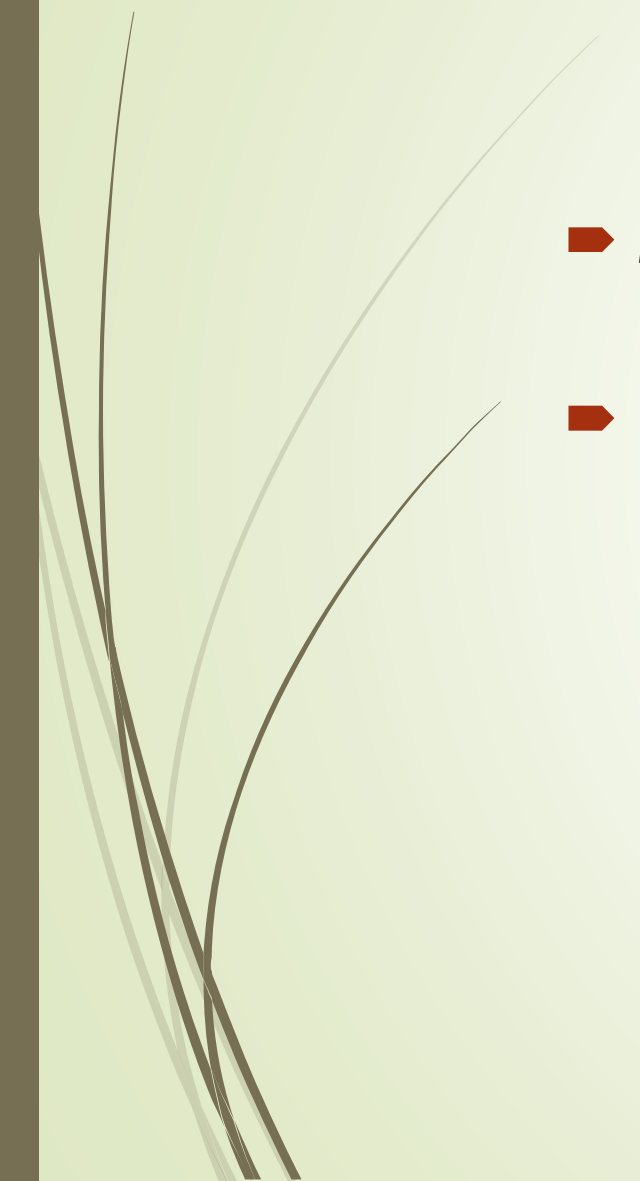


Treatment

- Neurology Consult
- Psychiatry Consult
- Speech Pathology Consult
- Physical Therapy and/or Occupational Therapy Consult
- Meds for anxiety and depression (none approved by FDA for FND)
- Cognitive Behavioral Therapy (CBT)
- Knowing what is wrong
- Usually multi-team approach depending on type of disorder



My patient's treatment

- Made appointment for behavioral cognitive therapy at mental health hospital the next week
 - HUUUGE snow storm hit the day of his appointment
- 



So what happened to trigger my patient?

- Difficult childhood due to frequent moves (father's occupation)
- Constant sense of loss leaving friends over and over again
- More....



How is he?

➡ **Full recovery!**





Thank you!!



Questions?

