## **Brainteaser**

## Confusion worse confounded

## Vanita Noronha, Amit Joshi, Kumar Prabhash

A 53-year-old postmenopausal woman with a history of chronic hypertension, well-controlled on a stable antihypertensive regimen (daily telmisartan), presented with left breast cancer, which was a 3 cm mass, with one palpable mobile left axillary lymph node. Fine needle aspiration (FNA) of the breast mass revealed infiltrating ductal carcinoma, which was estrogen receptor (ER) and progesterone receptor (PR) positive and human epidermal growth factor receptor (HER) 2/neu negative. She underwent breast conserving surgery. In the postoperative period, she developed painful redness, warmth and swelling of the left calf, and an ultrasound and color Doppler of the left leg revealed deep venous thrombosis involving the left popliteal vein. She was anticoagulated, initially with dalteparin then switched over to oral warfarin. Her dose of warfarin stabilized at 6 mg daily and the international normalized ratio (INR) was being maintained at 2. She received adjuvant chemotherapy (four cycles of doxorubicin and cyclophosphamide, and 12 weekly doses of paclitaxel) and adjuvant radiotherapy. After the completion of adjuvant chemotherapy and radiotherapy, she was started on oral tamoxifen. She was called back to the outpatient department (OPD) 2 weeks after starting tamoxifen for evaluation of side effects. The day prior to her scheduled OPD visit, she presented to the emergency department with 1 day history of severe headache, confusion, and irrelevant speech. There was no history of fever, no history of seizures, and examination revealed no focal neurologic deficit. Urgent laboratory parameters in the emergency department included:

Hemoglobin (Hb)-10 g/dl
White blood cell (WBC)-5.2 × 10<sup>e12</sup>/L
Platelet-133 × 10<sup>e9</sup>/L
Creatinine-0.9 mg/dl
Na-132 mmol/L
K-4.2 mmol/L
Albumin-3.9 g/dl
Aspartate aminotransferase (AST)-44 U/L
Alanine aminotransferase (ALT)-46 U/L
Bilirubin-1.1 mg/dl
Electrocardiogram (ECG) is shown in Figure 1.

Department of Medical Oncology, Tata Memorial Hospital, Mumbai, Maharashtra, India

Correspondence to: Dr. Kumar Prabhash

E-mail: kprabhash I @gmail.com



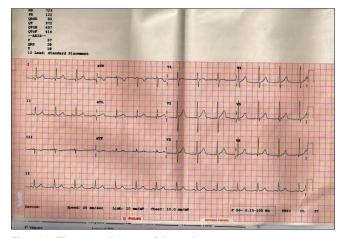


Figure 1: Electrocardiogram of the patient

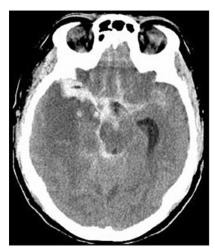


Figure 2: Computed tomography brain

An urgent computed tomography (CT) scan of the brain was obtained, which is shown in Figure 2.

Which of the following therapeutic interventions was performed next?

- 1. Intravenous haloperidol.
- 2. Intravenous antibiotics.
- 3. Infusion of fresh frozen plasma.
- 4. Direct current (DC) cardioversion.
- 5. Intravenous steroids and whole brain radiotherapy.
- 6. Neurosurgical evaluation for possibility of surgical resection.

To verify your answer, please turn to page no 295

**How to cite this article:** Noronha V, Joshi A, Prabhash K. Confusion worse confounded. South Asian J Cancer 2013;2:278. **Source of Support:** Nil. **Conflict of Interest:** None declared.