

## Tropical Spastic Paraparesis and End of Life Care

Hala Sheikh-Mohamed<sup>a</sup>, Faisal Rahim<sup>a</sup>, Mery Lossada<sup>a</sup>, Sergey Kachur<sup>a</sup> and Justin Reed<sup>a</sup>

<sup>a</sup>University of Central Florida, USA

The benefits of shared decision making in medical management are well established, but implementing its principles is often a difficult task. It involves extended conversations with patients, with obstacles including cultural and language barriers. Such barriers can be difficult to overcome, particularly with decisions involving death and end of life care.

A 73-year-old Haitian woman with history of spastic hyper-reflexic paraparesis, recurrent urinary tract infections (UTI) and chronic hyperkalemia presented to the emergency room with her daughter for back pain and dysuria, following a year-long history of multiple hospitalizations for pain and UTIs. She had worsening confusion, poor appetite, and occasional upper extremity trembling. Examination revealed a demented patient with abdominal tenderness and 3+ hyper-reflexic paraparesis of the lower extremities. Labs showed leukocytosis and hyperkalemia with a polymicrobial urine culture growing ESBL E. coli and Pseudomonas aeruginosa for which she was started on meropenem. Transtubular potassium gradient indicated renal tubular acidosis as a cause of her hyperkalemia and treatment with hydrocortisone 12.3(ug)-4.9yE(t)-5 (io)12.1n r, (r w)-7 (h66 (e)-5 (d o)12 (r h)23 (o)7 (l)7-6 (a)3 (s)5 (si

Notes: