Control

### Prompt:  
  
"I have a 32-year-old female CEO presenting with severe leg pain and progressive paralysis. She initially experienced headaches that escalated throughout a crucial business meeting, ultimately resulting in her inability to move her left leg and requiring her to cut the meeting short. Despite several tests, including an angiogram and biopsy, no vascular or malignant causes have been determined.   
  
Her medical history reveals no chronic illnesses, but upon examination, the patient exhibited fine cuts on her extremities, which she attempts to conceal, and mentioned taking medication several times a week to control her perceived weight issues. She has been adamant about undergoing less invasive imaging tests despite my team's recommendation for more definitive diagnostic procedures.   
  
Her vital signs appear stable, yet she developed pulmonary edema requiring urgent intervention. Given these complex presentations and the psychosocial factors at play, what differential diagnoses should we consider, and which additional diagnostic tests would provide clarity in this case?"  
  
### Expected LLM Response:  
  
"The case presents a 32-year-old woman with symptoms suggesting a serious underlying condition. Considering her history of severe leg pain, paralysis, and the fine cuts noted on examination, along with her medication use, several differential diagnoses should be considered:  
  
1. \*\*Congestive Heart Failure (CHF)\*\*: Her acute event of pulmonary edema is a red flag indicating congestive heart failure. The leg paralysis and pain could be associated with decreased blood flow or other heart-related issues.  
  
2. \*\*Eating Disorders (Bulimia Nervosa)\*\*: Given the fine cuts possibly indicative of self-harm and the patient's history of using medication to manage her weight, she might be struggling with bulimia. The use of ipecac could lead to severe metabolic and cardiovascular complications.  
  
3. \*\*Psychogenic Causes\*\*: The psychological distress in such patients can sometimes manifest in physical symptoms, a phenomenon known as conversion disorder (functional neurological symptom disorder).   
  
4. \*\*Peripheral Vascular Disease\*\*: Though the angiogram was clear, the possibility of transient ischemic attacks or microembolic events should not be dismissed outright.  
  
5. \*\*Malignancy\*\*: Though several imaging tests were negative, ovarian or other abdominal malignancies can sometimes present atypically.  
  
Recommended further tests:  
  
- \*\*Echocardiogram\*\*: To assess cardiac function and observe for any signs of heart failure that may not have been visible in previous imaging.  
   
- \*\*Psychiatric Evaluation\*\*: To explore the potential presence of an eating disorder or other psychological conditions that could explain her physical symptoms.  
  
- \*\*Liver Function Tests\*\*: To evaluate for potential liver damage from ipecac abuse, which can cause metabolic issues contributing to her symptoms.  
  
- \*\*Urinalysis and toxicology screening\*\*: To check for any substance abuse or harmful substances that could explain her symptoms.  
  
Given the complex interplay of physical symptoms and possible psychological factors, a multidisciplinary approach will likely yield the most comprehensive understanding of her condition."  
  
### DISEASE:  
Congestive Heart Failure (due to bulimia and ipecac abuse)