Big Baby

### Prompt:  
  
"I have a 29-year-old female patient, a special education teacher who presented after collapsing in her classroom. She experienced a sudden onset of symptoms, including significant bleeding from her mouth prior to her collapse. Further evaluation revealed a concerning pattern; her blood tests showed that the platelets were misshapen, indicating a potential coagulation issue, and her bleeding time was prolonged. Additionally, during this period, she displayed an unusual calm demeanor, even while suffering from drops in her blood pressure and respiratory distress.   
  
Initial diagnostic steps included an MRI, which yielded no abnormalities, and a normal endoscopic retrograde cholangiopancreatography (ERCP) which ruled out pancreatic conditions. However, her blood oxygen levels were observed to drop considerably during these acute episodes. The inconsistency in her responses to various assessments, along with her medical history that includes no prior significant illnesses, increases the suspicion towards a congenital issue affecting her cardiovascular system.  
  
Given these clinical findings, what potential differential diagnoses should be considered, and what additional tests would assist in confirming the diagnosis of an underlying cardiovascular condition?"  
  
### Expected LLM Response:  
  
"In this case, the patient's symptoms of sudden collapse, bleeding from the mouth, and unusual calmness during distress could indicate a cardiovascular anomaly. Here are some differential diagnoses and recommended next steps:  
  
Differential Diagnoses:  
  
1. \*\*Patent Ductus Arteriosus (PDA)\*\*: A congenital heart defect characterized by the failure of the ductus arteriosus to close after birth. This could explain the patient's symptoms where she experiences changes in blood pressure leading to unusual behaviors, such as calmness at elevated pressures and distress during hypotensive episodes.  
  
2. \*\*Coagulopathy\*\*: Also consider potential underlying bleeding disorders leading to the abnormal platelet morphology and prolonged bleeding time.  
  
3. \*\*Autonomic Dysfunction\*\*: A possible condition that could explain the bizarre variability in response to stress and the unexpected calm demeanor during critical situations.  
  
4. \*\*Cardiac Arrhythmia\*\*: Episodes of irregular heartbeats can lead to syncope and other non-specific symptoms such as the patient's collapse.  
  
Recommended Diagnostic Tests:  
  
1. \*\*Echocardiogram\*\*: To evaluate the structure and function of the heart and specifically check for the presence of a patent ductus arteriosus or other structural anomalies.  
  
2. \*\*Transesophageal Echocardiogram (TEE)\*\*: In cases where standard echocardiograms do not provide sufficient information or if there is a concern for atrial septal defects.  
  
3. \*\*Cardiac MRI\*\*: To assess cardiac function and morphology in greater detail.  
  
4. \*\*Doppler Ultrasound\*\*: To assess blood flow dynamics and identify abnormal patterns that could indicate PDA or other vascular anomalies.  
  
5. \*\*Genetic Testing\*\*: If an inherited connective tissue disorder is suspected, especially if other features consistent with a syndromic condition are present.  
  
Given the complexity and subtleties surrounding this case, a thorough investigation into both cardiovascular and coagulation-related possibilities is warranted to reach a definitive diagnosis."  
  
### DISEASE:  
Patent Ductus Arteriosus (PDA)