Love is Blind

### Prompt:  
  
"I am working with a 25-year-old male patient who is visually impaired and recently presented to the emergency department with a sudden onset of confusion, distress, and auditory hallucinations. He reported a feeling of overwhelming noise, which intensified while he was attempting to cross a street, leading to him stumbling into traffic. Upon examination, it was noted that he has a history of diabetes mellitus, but recent blood tests showed his glucose levels to be normal.  
  
His symptoms progressed to include seizures, for which he received benzodiazepine treatment. A hearing test, along with an EEG, initially indicated normal findings, but during the course of evaluation, he coughed up blood and was found to have lost several teeth. The examination revealed necrotic tissue around his eyes, raising concerns for a more serious underlying condition.   
  
Differential diagnoses that have been considered so far include viral infections, drug-induced psychosis due to LSD use, and autoimmune disorders. However, the rapid progression and combination of symptoms have led to a suspicion of a more aggressive infectious process. Could you provide a detailed differential diagnosis and recommend additional diagnostic tests based on these clinical findings?"  
  
### Expected LLM Response:  
  
"In this case, the progression of symptoms in the visually impaired patient—combined with his diabetes history and the sudden onset of neurological symptoms—suggests a severe underlying condition that warrants immediate attention. Here are potential differential diagnoses and recommended diagnostic tests:  
  
\*\*Differential Diagnoses:\*\*  
1. \*\*Mucormycosis\*\*: This is a rare but life-threatening fungal infection often seen in patients with diabetes and can present with sinus involvement leading to necrosis, especially in the context of immunocompromised states.  
2. \*\*Behçet's Disease\*\*: Given his symptoms, which include ocular involvement and potential oral lesions, this autoimmune condition could be considered, although the necrosis and rapid progression of symptoms raise more pressing concerns for infections.  
3. \*\*Cerebral Venous Sinus Thrombosis (CVST)\*\*: The neurological symptoms and cough with blood could suggest that an intracranial clot is leading to localized infections or hemorrhage.  
4. \*\*Viral Encephalitis\*\*: Although slower in progression than fungal infections, it is a consideration due to altered mental status and seizures, and may sometimes be mistaken for drug-induced hallucinations.  
  
\*\*Recommended Diagnostic Tests:\*\*  
1. \*\*CT Scan or MRI\*\*: A contrast-enhanced CT or MRI of the brain can help visualize any thrombus, necrotic tissue, or signs of infection such as abscesses.  
2. \*\*Sinus Imaging\*\*: High-resolution CT scan of the sinuses may provide clearer insights into any fungal invasion.  
3. \*\*Blood Cultures and Fungal Cultures\*\*: To identify any potential invasive fungal infections, cultures should be drawn, especially focusing on mucormycosis.  
4. \*\*Lumbar Puncture\*\*: If the imaging studies are inconclusive, CSF analysis may help identify evidence of viral or bacterial infections.  
  
Given the clinical picture, mucormycosis should be a high concern due to its known association with diabetes and rapid progression, likely requiring initiation of treatment with amphotericin B along with surgical intervention for necrosis if confirmed."  
  
### DISEASE:  
Mucormycosis