



Morning Report with @CPSolvers



<p>CC: 71F p/w weakness, difficulty speaking</p> <p>HPI: Acute (several hours) of lethargy, confusion, head jerking to the right, & right side weakness. 6 months prior, similar episode, unexplained</p> <p><i>At the hospital:</i> Chest pain → resolves SOB w/ minimal ambulation</p>		<p>Vitals: afebrile, HR 91, BP 107/66, Spo2 normal</p> <p>Exam: No distress. HEENT/Card nl, non-labored breathing, Abd/MSK normal, Neuro: AAO x3, word-finding difficulties, followed 2-step commands, memory intact. CN 2-12 nl. R pronator drift, slow finger taps, 3-4/5 RUE, 4-4+/5 RLE, diminished sensation on R. side, no dysmetria.</p>	<p>Problem Representation: 71F w/ cancer + brain mets p/w recurrent acute-onset confusion, weakness, sensory deficit, jerking, & dysarthria found to have mild lactic acidosis and elevated troponin c/w focal seizure, generalization c/b Takotsubo cardiomyopathy</p> <p>Differential Diagnosis: Seizure vs. TIA/Stroke Anterior TWI Ddx: massive PE, stress cardiomyopathy, pericarditis</p>
<p>PMH: COPD Brain mets s/p resection, RT HTN</p> <p>Meds: <i>Home:</i> advair, albuterol, spireva, HCTZ, Vit. D</p> <p><i>Inpatient:</i> IV heparin, plavix</p>	<p>Fam Hx: n/a</p> <p>Soc Hx: 50 pack-year smoking</p>	<p>Notable Labs & Imaging: WBC 9, Hg 13, Plt 600, Na: 131, K; 4.2, Cr. 0.71, Ca/Mg normal, lactate 5.0, LFT nl CXR: clear fingerstick glucose: 123 CT: normal, MRI-brain: nl + surgical changes EKG: TWI V3-V4, ST-depression V5-6 Troponin: 2.90 → 3.97 → 3.73 Cath: clean coronaries TTE: apical akinesis</p>	<p>Teaching Points: No stroke is a stroke w/out 50 of D50! Neuro + CP → consider aortic dissection Todd's paresis can be more than just motor! Gaze palsy, aphasia, & sensory disturbances (e.g., neglect, anesthesia, visual field deficits) Non-supply/demand mediated troponin elevation? Think myocardial damage (exp: myocarditis)</p>