



# 6/4/20 Morning Report with @CPSolvers



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**CC:** presyncope "I felt lightheaded and almost passed out."

**HPI:** 87M presenting with lightheadedness and feeling like he almost passed out Past few weeks or so - feels lightheaded rising from bed. Happened previously but now more frequent. Has to wait for a couple minutes before standing because "doesn't feel right." Came into the hospital because the pace of this began to increase. Felt unsafe, family concerned about him.

**Follow Up HPI:** When reaching for things at the top shelf, sometimes had difficulty/lightheadedness

**PMH:**  
HFrEF (LVEF 46%  
s/p ICD)  
CABG ~10 years ago  
Carotid Stenosis  
s/p right CEA  
OSA on CPAP

**Meds:**  
ASA  
Metop Succinate  
Spironolactone  
Furosemide  
Tamsulosin

**Fam Hx:**  
non-contributory  
**Soc Hx:**  
Lives at home with children

**Health-Related Behaviors:**  
Former smoker  
Navy veteran  
No alcohol  
No recreational drugs

**Allergies:**  
NKDA

**Vitals:** T: afebrile  
**HR:** 60s (60s → 70s with standing)  
**BP:** RA laying: 125/86, RA sitting: 150/76;  
LA lying down: 185/73, LA sitting down 177/77

**Exam:**  
**Gen:** NAD  
**HEENT:** mucous membranes moist  
**CV:** systolic murmur I/VI at RUSB, carotid bruit on R side (faint). No bruits on L. Pulses symmetric.  
**(Pulm/Abd/Neuro/Extremities/Skin:** normal

Follow up exam: L sided bruit over the chest wall!!)

### Notable Labs & Imaging:

**Hematology:**  
WBC: 6.9 Hgb: 13 Plt: 186

**Chemistry:**  
Na: 135 K: 4.4 Cl: 99 CO2: 24 BUN: Cr:.86 glucose: 122  
Liver chemistries: normal

**Imaging:**  
CTA Aortic Dissection Protocol: calcific changes in the aorta, no specific dissection seen. Ascending aorta is significantly calcified. Brachiocephalic artery is heavily calcified.

Carotid Ultrasound with Imaging of the Carotid/Vertebral vessels: vertebral reversal of blood flow, indicating subclavian steal syndrome

### Problem Representation:

Elderly gentleman with multiple comorbidities, presenting with subacute episodes of presyncope, found to have orthostatic vitals, carotid bruit, cardiac murmur and L chest bruit, found to have subclavian steal syndrome

### Teaching Points (Moses):

**Syncope:** Buckets include cardiac, orthostasis, reflex

- Mimics: seizure, hypoglycemia, stroke
- Think perfusion of the brain:
  - Low CO: cardiogenic, hypovolemic
  - Low Resistance: SNS/PNS

**CR:** 1) identify the schema you will employ 2) prioritize based on history/exam/labs etc. *Here:* PMH raises suspicion for localization to the cardiovascular system & prompts scrutinizing the meds

### Asymmetric BP:

- Aortic dissection (can't miss)
- Stenosis (exp: subclavian)

**Worse with movement** raises possibility of a dynamic compression of the vasculature. Can involve baso-vertebral anatomy → insufficiency typically due to arthritic changes.

### Subclavian Steal Syndrome: thanks UpToDate!

- **Epi:** 30% of pt w/ PAD have subclavian stenosis, far fewer develop symptoms. Atherosclerosis is the most common cause
- **Symptoms:** "Exercise-induced arm pain, fatigue, coolness, paresthesias, or numbness, occurs in ~ 1/3 of patients
- **Exam:** usually a difference in brachial systolic blood pressure between the affected and normal arm of at least 15 mmHg
- **Treatment:** risk modification & surgical vs. endovascular intervention in the appropriate patient