

02/9/21 Neuro Morning Report with @CPSolvers Case Presenter: Kiara Camacho (@KiaraCamacho96) Case Discussants: Felipe Solares (@FelipeSolares) and Leonardo Fuchs (@LeonardoAFuchs)



CC: Neck Pain Vitals: T: HR: BP: RR: SpO₂: Problem Representation: 70yM w/PMHx significant for DM and HTN p/w a new onset headache associated with neck pain recently aggravated w/loss of Exam: HPI: 70yM started 1m ago w/sporadic Systemic: Had hiccups. balance and dysmetria. but intense headaches associated Neuro w/neck pain. - Mental Status: Teaching Points (Maria): #EndNeurophobia - Cranial Nerves: Facial symmetry w/sensory impairment 36h before admission was typing on • E=MC2 Neck Pain: on the L. Swallowing impairment. Gag reflex not present. - Localizing: muscle \rightarrow tension headaches, bone, cervical arteries, meninges computer and was unable to localize - Motor: Strength L ³, R 5/5. Unsure if L hemiparesis vs (intra/extradural), spinal cord (intra/extramedullary). keyboards. He felt the keyboard was ataxia. - Tempo: Hyperacute: trauma, vascular, seizure, migraines. Acute: lower than what he saw. He stood up. - Reflexes: inflammatory, infection. Subacute: Infectious. Chronic: structural. lost balance towards the left. This - Sensory: R hypoesthesia. resolved spontaneously. - Acute on Chronic: critical point of a mass - compression, vascular event. - Cerebellar: Horizontal nystagmus when face was pointing (Most prone brain tumor to hemorrhage: melanoma, most common to to left. Dysmetria - finger to nose test abnl. hemorrhage: lung.) Vascular event 2ndary to infectious vasculitis, vasculitis On same day, while watching TV had - Other: neck pain which radiated to L side of (GCA) - TB: tuberculoma, Pott's disease, meningitis/arachnoiditis. head, associated w/ nausea, SOB Notable Labs & Imaging: (shortness of breath) and cough. Stood Headaches Imaging: - Primary (migraine, tension, cluster) vs Secondary HA up and felt towards the left. Went to CT brain no contrast: acute ischemic infarct on L cerebellar - Red flags: new onset HA, age (Giant cell arteritis, don't want to miss in new closest ED. hemisphere and L temporal lobe, R pons paramedian had HA in older patients even w/out other signs), sensory/motor abnormalities, hyperdensity. changes in preexistent HA, immunosuppression, increased ICP (brain, blood, Fam Hx: PMH: DM. Brain MRI: Left posterolateral acute ischemic event in CSF). HTN. cerebellar hemisphere. Cerebellum - Balance: Central vs Peripheral Vertigo (HiNTS) vs Proprioception vs Sensory Soc Hx: Peruvian. Further interrogation: 2m ago he was feeling stressed. Abnl vs Environment. Meds: Lawyer. Patient used topical NSAID daily. - Ataxia: sensory vs cerebellar (truncal (vermis) vs extremities (hemispheres)) - Cross signs: ipsilateral face, contralateral body. CT angio: extracranial and intracranial vertebral dissection - + Brainstem findings: **Health-Related** w/PICA thrombi. - Swallowing, CN 9-10 \rightarrow medulla. Behaviors: Midline brainstem: 3,4,6,12, CSP tract, medial lemniscus, MLF. Final DX: Lateral medullary syndrome secondary to Trigeminal has all 3 levels of brainstem in lateral brainstem (PICA ← vertebral artery dissection. vertebral artery). Allergies: