

3/08/22 Neuro Morning Report with @CPSolvers

Case Presenter: Gabriela Pucci (@gabifpucci) Case Discussants: Ravi Patel (@) and Promise Lee (@)

<p>CC: Vertigo</p> <p>HPI: A 50 year-old-female presents with spinning sensation/vertigo associated with nausea, vomiting, and difficulty walking since 1 day. Symptoms were persistent. Vertigo was worse with head movement. He was sick 2 weeks before; had cough, fatigue which resolved after few days.</p>	<p>Vitals: T: HR: BP: RR: SpO₂:</p> <p>Exam:</p> <p>Neuro</p> <ul style="list-style-type: none"> - Mental Status: nl - Cranial Nerves: nl - Motor: nl - Reflexes: nl - Sensory: nl - Cerebellar: nl - HINTS: unable to maintain visual fixation on turning head to the left (+ test), horizontal torsional nystagmus, suppressible, fast phase to right, gait instability, Test of skew: negative - Rinne & Weber test: normal 	<p>Problem Representation: A 50-year-old female with acute onset of vertigo, n/v, evidence of unable to maintain visual fixation and suppressible horizontal nystagmus on examination.</p> <p>Teaching Points (Seyma★): #EndNeurophobia</p> <ul style="list-style-type: none"> • TIME course X Localization (Central or Peripheral) X Trigger X associated symptoms • Vestibular system: <u>peripheral</u> (inner ear, CN VIII), <u>central</u> (brainstem w/ nuclei, cerebellum) <ul style="list-style-type: none"> • Consider cMRI (DWI ->90% sensitive) to exclude posterior circulation stroke! • HINTs (head impulse, nystagmus, test of skew) to find out whether it's central lesion <ul style="list-style-type: none"> • Peripheral: abnormal VOR/head-impulse test (catch-up saccade), unidirectional nystagmus, no skew deviation • Central vertigo: direction-changing/bidirectional nystagmus, normal head-impulse test (VOR), skew deviation (Cover Test) • Vertical nystagmus rather central, torsional can be peripheral • Fixation suppression of VOR is cerebellar mediated! (Frenzel glasses can help) • VOR: head movement → fluid shift → activation of VIII → MLF (CN VI and III connection) → eyes move to opposite side of head movement • Vertigo: Spinning sensation without actual movement (a symptom of illusory movement) <ul style="list-style-type: none"> • Time course (crescendo): BPPV < Menière < Vestibular neuritis, Vestibular Schwannoma; Cochlear sx? (Menière) • Acute Vertigo: Vest. neuritis Vs. Stroke Vs. Intox • Chronic Vertigo: Episodic (Provoked? -> e.g. movement) or continuous? • 4 types of dizziness: 1.Vertigo (Room spinning?; neurologic or inner ear), 2.Lightheadedness (cv->orthostasis), 3. Imbalance (dizzi on feet? ->orthopedic, proprioceptive), 4.Non-specific (meds, anxiety) • Framework: L Vestibulopathy: horizontal torsional nystagmus, rapid phase to right (so more activity on healthy side!), HINTs negative, no cochlear involvement (excludes Menière), vestibular sx (nausea, vomiting), acute, gait instability, recent infection => Vestibular neuritis on left side
<p>PMH: Migraine without aura</p> <p>Meds:</p>	<p>Fam Hx:</p> <p>Soc Hx:</p> <p>Health-Related Behaviors:</p> <p>Allergies:</p>	<p>Notable Labs & Imaging:</p> <p>Hematology:</p> <p>Chemistry:</p> <p>Imaging: MRI: Normal</p> <p>Final dx: <u>Vestibular neuritis</u></p>