

9/29/22 Morning Report with @CPSolvers

Case Presenter: Mona Aswad (@) **Case Discussants:** Seyma <3 (@seymss15) and Rabih <3 (@rabihmgeha)

CC: 59M w/ DM, HTN, intermittent(?) **unsteady gait**
6 days
Vertigo when standing up + **Blurred vision**
Bilateral lower extremity weakness
History of peripheral vertigo, associated with nausea??
2020 negative MRI
HPI:
Afib on admission
Complained of **Productive cough** on admission. No chest pain, dyspnea, fever, chills, no speech changes
Desaturated on admission

PMH:
Diabetes, HTN, peripheral vertigo

Meds:
Meclizine
Glipizide
Metformin
Amlodipine
Cialis
Vesicare (Solifenacin)

Fam Hx:
stroke

Soc Hx:

Health-Related Behaviors:
No smoking or history of alcohol use

Allergies:

Vitals: T: afebrile HR: 64 BP: 125/80 RR:20
Exam:
Gen: Obese
CV: irregular, no murmur
Pulm: decreased breath sounds bilat
Abd: soft nontender
Neuro: II-XII CN intact. Unable to ambulate, shifting to the right side
Nose to finger **slow**, stretching out of tongue limited

Notable Labs & Imaging:
Hematology:
WBC: 6.8 (86% neutrophil)

Chemistry:
Na: 138 K:4.2 Cl: 103 CO2: BUN: Cr: 0.74 glucose: 225
T. Bili: 1.10
UA: +1 ketone, +1protein, +3 glucose, +2 urobilinogen
Covid negative

Imaging:
CXR: Mild cardiomegaly, pulmonary congestion
CT: no PE, **centro lobular pulm nodules**
CT brain w/o contrast: no extracranial? pathology
MRI not poss due to body habitus
CT Angio: **PICA stenosis**
Aspiration pneumonia ABx treatment + CPAP for **OSA**

Problem Representation: 59 y/o obese male w/ history of Diabetes and HTN, presents w/ vertigo, unsteady gait and cough. Imaging revealed centro lobular pulmonary nodules and PICA stenosis.

- Teaching Points (Yazmin):**
- First think about BPPV being the most common cause of EPISODIC VERTIGO
 - Vertigo **WO/hearing loss:** BPPV, Vertebral Basilar insufficiency, Migraine Vestibulopathy, Vestibular Neuronitis, CVA, CNS dx, Lyme or MS > According to the time of onset (from second to weeks)
 - Vertigo **W/Hearing loss:** Perilymphatic fistula, Cholesteatoma, Meniere's dx, Labyrinthitis, CVA, Acoustic Neuroma, Autoimmune, Psychogenic.
 - Consider OSA and TIAs, and in a patient with **AFib history** > consider PFO
 - PICA can present with isolated vertigo mimicking peripheral vestibulopathy
 - Manifestations of PICA territory infarction include vertigo, headache, gait ataxia, limb ataxia, and nystagmus.
 - **MEDULLARY LESIONS MAY NOT BE SEEN OR DETECTED ONLY AFTER REPEATED MRI SCANS**
 - Risk factors for **aspiration pneumonia** include neurologic disorders, reduced consciousness, esophageal disorders, vomiting, and witnessed aspiration