2/3/23 Morning Report with @CPSolvers

***Case Presenter**: Joy (@LifeofNeuron) **Case Discussants**: Rabih (@rabihmgeha) and Reza (@DxRxEdu)*

CC: Loss of consciousness

HPI: 33yo M refers recurrent episodes of transient LOC. He describes an episode of feeling anger, sweating, "eyes open but blank mind". He was not able to identify any trigger. After the episodes of LOC he presents mental confusion.

Vitals: **T**: **HR**: **BP**: **RR**: **SpO_2**: wnl
Exam:
Gen:
HEENT:
CV: Wnl
Pulm: Wnl
Abd: Wnl
Neuro: Wnl
Extremities/Skin:

PMH:
PTSD
Back pain
Accident with LOC and head trauma

Meds:

Fam Hx:

Soc Hx:

Health-Related Behaviors:

Allergies:

Notable Labs & Imaging:

Hematology:
WBC: Hgb: Plt:

Chemistry:
Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag:
AST: ALT: Alk-P: T. Bili: Albumin:
Cardiac work-up: negative
Imaging:
EKG:
CXR:
MRI: normal
EEG: left temporal delta activity during sleep

Final Dx: Temporal lobe seizure

Problem Representation: 33 y/o male refers recurrent episodes of LOC with a PMH of PTSD. Presented normal on physical exam. And the EEG showed a left temporal delta activity during sleep. Dx: Temporal lobe seizure.

Teaching Points (Debora):
- **LOC 6 S** → 3 are acute: Syncope, Seizure and Sugar. Substance, Stroke, Sleepiness.
Causes of **syncope** in a young patient: primarily heart or ARVV.
Seizure: Could be epilepsy
Sugar: Sweating → autonomic discharge that it's an alarm for hypoglycemia (or vasovagal syncope). If the physical exam is normal prioritize sugar.
- How the patient get so sick that pass out but he was well before the episode. And between the episodes the patient is normal. How the patient is can be normal and has LOC? Can be a zap in the brain as seizure e.g. epilepsy, or a zap in the heart as arrhythmia.
- In the **exam** prioritize: HR and BP.
- **Order:** MRI, ECO, Blood for sugar, EKG or EEG. A pathologic image is unlikely to show up in a normal evaluation. So go for EKG, EEG, blood and image.
- More value **EKG** and EEG. EKG: You can see a change in the segments. EEG: it's more value when the patient is the middle of the episode.
- **PMH: PTSD**. Can be LOC progressive from the psychiatric disease. You can have seizure psychiatric. The most classic is the motor.
- **Temporal lobe epilepsy** can have autonomic symptoms in the progression. Usually presents w/ an aura (olfactory/epigastric, Deja vu or jamais vu → then motor symptoms like oral automatisms are possible. Can cause: Ictal bradycardia and recurrent syncope.
- **Pearl: LOC 7 S S**yncope, **S**eizure, **S**ugar, **S**ubstance, **S**leepiness, **S**troke and p**S**ychogenic.