



3/9/23 Morning Report with @CPSolvers



Case Presenter: Austin Rezigh (@RezidentMD) Case Discussants: Rabih (@rabihmgeha) and Vale (@valeroldan23)

<p>CC: Head Pain HPI: 20 F presenting with head pain. Paroxysms of popping sensation in back of right side of head like brain was getting caught on a ledge. Persistent headache over 9 months. No preceding trauma or movement triggers. Associated with more prominent symptoms with worse mental health. No associated symptoms: fever chills, nausea, vomiting. No neurologic deficits.</p>		<p>Vitals: within normal limits Exam: Gen: normal HEENT: normal CV: normal Pulm: normal Abd: normal Neuro: TTP occipital knob on right side, no obvious mass, deformity, no asymmetry, normal neck ROM and position, no focal deficits, MSE: normal Extremities/Skin: normal</p>	<p>Problem Representation: 20F presenting with persistent headaches for two months in the back of the head described as paroxysms of popping sensation. Exam was unremarkable. Imaging revealed findings consistent with Chiari Type 1 Malformation.</p>
<p>PMH: Chronic headache (tension/migraine). Bipolar 2, Gen. Anxiety Disorder</p> <p>Meds: Bupropion Cyclobenzaprine Fluoxetine Sumatriptan Quetiapine</p>	<p>Fam Hx: Mom: Sjogren's and Depression</p> <p>Soc Hx: Student, 1 Male Sexual Partner</p> <p>Health-Related Behaviors: No EtOH, Tobacco, or other substances</p> <p>Allergies: NKDA</p>	<p>Notable Labs & Imaging: Hematology: CBC wnl</p> <p>Imaging: MRI head and cervical spine : 1.5 cm of inferior tonsillar ectopia as well as diffuse T2 hyperintense fluid signal within the central spinal cord through upper thoracic spine. Findings consistent with Chiari type 1 malformation complicated by syrinx formation.</p> <p>Final Diagnosis Chiari Type 1 Malformation complicated by Syrinx Formation</p>	<p>Teaching Points (Lea):</p> <p>Headache: primary/1°(migraines, tension headaches, trigeminal) vs. secondary. <u>Red flags:</u> systemic Sx, thunderclap, risk factor hx, focal deficit, papilledema. <u>-IN the head. OF the head. SYSTEMIC.</u></p> <p>Chronic: mass lesion, inflammatory. Vascular more acute.</p> <p><u>Persistence</u> of headache: >Around the head (Skull base dz) >1° headache syndromes (Nummular headache pattern).</p> <p><u>Skull osteolytic lesion:</u> syphilis, hemangioma, Paget's dz, plasmacytoma, vanishing bone dz</p> <p>Patient pointing with finger vs. hand (localized cause?)</p> <p>Specific headache causes: extrinsic vs intrinsic >Choosing imaging modality: Extracranial head imaging >Secondary extrinsic headache Sd: Zoster, Glaucoma</p> <p>Chiari-Arnold Malformation: caudal displacement of brainstem, congenital disease</p>