



9/2/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Sean Thompson (@) Case Discussants: Casey Albin(@) and Youssef(@)



CC: I can't see out of my right eye

HPI: 67 yo M cattle rancher was watching TV with his wife when he slowly felt like he was in a daze. He **couldn't see over right side**. The daze cleared up and he had no issues with walking, but **vision remained impaired**. Mild headache, mostly in the temples. Three months before, **intermittent tingling in the right arm**, like falling asleep. **Worse in the hand** and **sometimes radiated to the upper arm too**, occasionally painful. **Trouble gripping small things**. Normal strength. Not affect one side of the hand more than the other. Patient is R handed.

ROS: R eye painless. No skin rashes, coughing, sneezing, sore throat, diarrhea, constipation, nausea or falls.

PMH:
GERD,
HTN.

Meds:
Losartan
HCTZ

Fam Hx: Father died in his 40s from unclear issue, but suspected mesothelioma. Sister died from blood clots after knee surgery.
Soc Hx: quit smoking 40 years prior. Lives w his wife in the farm.
Allergies: no

Vitals: T:36.9 HR:65 BP: 181/89

Exam: **Gen:** Well appearing, alert and cooperative.

Cardiovascular: LUE radial pulse, unable to detect in RUE. 2+ PT/DT bilaterally.

Pulm: Normal work of breathing.

Neuro: **Cranial nerves:** II: R eye no vision in RU or RL past the midline. L eye R upper and lower quadrants are out, with some slight sparing of the midline. III - XII: Otherwise normal

Motor: Decreased in the forearm muscles and intrinsic muscles of RUE (thenar eminence).

Skin: After RUE muscle testing, skin of distal fingers and hand becomes palor and hurts.

Sensory: Light touch: intact

Coordination: No ataxia.

Reflexes: 3+patelar, 2+ others.

NIHSS: 2

Notable Labs & Imaging:

Hematology:

WBC:7.7 Hgb: 15.7 Plt: 148k MCV 90 PT 11.6 PTT 30.8

Chemistry:

Na:136 K:3.8 Cl:102 HCO3:25 BUN:10 Cr:0.73 glucose: 124

AST, ALT, Alk Phos, Bili wnl.

TSH 1.64 A1c 5.7 High sens Troponin 6

Imaging:

CXR: clear lung and cervical ribs - bilateral
CT of the head: no intracranial abnormalities.

CTA: possible occlusion in the distal left PCA. Occlusion of the R subclavian A. Axillary artery is reconstituted by retrograde flow.
Distal brachial artery is occluded. Radial artery is occluded.

MRI: acute infarcts in the right cerebellar hemisphere, left paramedian occipital lobe, right mesial lobe and additional punctate infarct in the left thalamus.

Dx: Multifocal strokes secondary of thoracic outlet syndrome.

Problem Representation: 67 yo M w/ PMHx of HTN, 3 months of RUW intermittent pain and numbness, R homonymous hemianopsia, multifocal infarcts and cervical ribs on CXR. Revealed to be thoracic outlet syndrome.

Teaching Points (Vale):

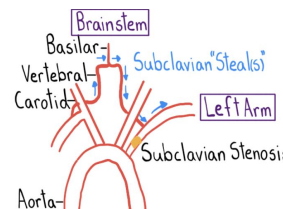
Sudden painless monocular vision impairment:

- **Context:** Vascular risk factors? Other symptoms? Ex. Headache as a clue of GCA.
- **Tempo:** Hyperacute - Vascular causes.
- **Localization:** Internal carotid artery -> clinoid segment -> ophthalmic artery -> central retinal artery.
 - Visual pathway: posterior circulation affecting the lateral geniculate nucleus -> homonymous hemianopia.
- **Etiology:** Vascular vs Neoplastic (Pancoast tumor + hypercoagulability) vs Migraine w/aura.

+ Hand numbness: Subclavian steal syndrome.

Physical exam clues of steal:

- Diminished pulse amplitude.
- Bruits: carotid, paraclavicular, Suboccipital.
- Precipitants: ipsilateral arm exercise or contralateral head movement.



R Homonymous hemianopia + R arm ischemia: Steal syndrome on the R + embolic phenomenon affecting the L cortex.

Cervical ribs -> Thoracic outlet Syndrome

Multifocal strokes: Embolic (Afib), arterial hypercoagulability (malignancy, antiphospholipid syndrome)