



01/8/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Sheri Walls () Case Discussants: Mengyu(@), Johann(@)

CC:sudden R weakness with slurred speech

HPI: 55 year old female with HTN came in with her son with sudden onset R sided weakness, dizziness and slurred speech. It started a day prior

ROS: -ve

Vitals: T: 98 BP: 220/100 RR: 16 HR: 98 Sat: 100% on RA

Exam: Gen: nl

HEENT: nl

CV: nl

Pulm: nl

Abd: nl

Neuro: Oriented to person only, fluent language, confused, CN II-XII nl, motor UE LE 5/5, DTR 2+ throughout, cerebellar exam. Has bilateral UE tremors

Notable Labs & Imaging:

Hematology:
CBC within nl

Chemistry
CMP within nl

UDS -ve
TSH -ve

Imaging:
EKG:nl
CT head wo contrast:-ve
CTA head and neck: neg
MRI brain: edema in the left occipital lobe concerning for PRES

PMH:
HTN

Meds:
Amlodipine
Lipitor
Indapamide
losartan

Fam Hx:
None

Soc Hx:
None

Health-Related Behaviors:
NA

Allergies:
NA

Problem Representation:
55 year old female with HTN who came in with R sided weakness and was found to have PRES

Teaching Points (Dan):

Approaching a Potential CVA

- Assess the time frame & history details to stratify risk of stroke
- Consider stroke-mimickers (e.g. hypoglycemia, infection, intracerebral hemorrhage, seizures, migraine)
- Initial CVA work-up: NCCT Head, CT Head w/ perfusion, CTA H/N

Framework of AMS

- MIST mnemonic (Metabolic, Infectious, Structural, Toxins)
 - Don't forget urinary & bowel retention!!
- Beyond MIST: EEG & MRI to assess neurologic conditions. Consider PRES!

Framework of Tremors

- Is the tremor at rest or when active?
- N-MIST mnemonic (Neurodegenerative [Parkinsonian or cerebellar degeneration] & MIST as above)

PRES (Posterior Reversible Encephalopathy Syndrome)

- Driven by endothelial dysfunction and can be triggered by HTN, sepsis, etc. leading to vasogenic edema
- Patients may present with migraines, AMS, headaches, visual disturbances (~20-40% of patients). 25% of patients can be normotensive!
- DDx: RCVS shares triggers with PRES but can present with *thunderclap headaches*
- Get MRI Brain to evaluate. *CT may not show vasogenic edema.* Consider repeat MRI in 4-6 weeks, anticipate reversible changes.
- Adverse effects include seizures. Require AED therapy outpatient.
- Ensure outpatient BP control to minimize risk of recurrence

Dx :PRES