



# 02/18/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Masah Mardini(@) Case Discussants: Dr.Ravi Singh (@), Dr. Mengyu (@)

**CC:** 81 y M presented after a fall

**HPI:** Acc to EMS he was at bank , when he began slurring his words ,become confused,fell backward and hit his head.Per bystanders,he had seizure of unclear duration.A C collar was placed and he was transferred to hospital.His condition slowly improved , but does not remember what happened.He only recalls speaking to teller and then waking up in hospital.

**ROS:** no chest pain, SOB,headache,dizziness or other symptoms

**PMH:** TBI(craniotomy-30 yrs ago),possible seizures history, T2DM,HTN,HLD,CAD(CA BG Hx)

**Fam Hx:**unremarkable  
**Soc Hx:**non smoker,non alcoholic, live with his brother

**Health-Related Behaviors:** unremarkable

**Allergies:**unremarkable

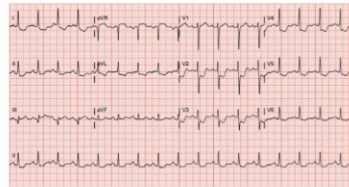
**Meds:** Insulin Glargine, amlodipine,ASA, atorvastatin,metoprolol

**Vitals:** T: 36.8 BP:160/90 RR:25 HR:81 Sat: 99% on RA  
**Exam:** Gen: awake, in no acute distress, initially AOX2 and confused -> fully oriented with no intervention, baseline was normal  
**HEENT:** R occipital scalp hematoma, superficial laceration, no skull fracture  
**CV:** well healed sternotomy scar, RRR, no murmurs  
**Pulm:** normal **Abd:** normal **Neuro:** normal  
**MSK:** no peripheral edema

### Notable Labs & Imaging:

**Hematology:**  
WBC:13.2 (neut 6.48) Hgb:13.6 Plt:185

**Chemistry**  
CMP:nl PT/PTT/INR:nl Urinalysis: nl  
Trop I: 40->250-> 956->2496(nl<20)  
HbA1c:8.3, Chol:229.4, LDL:161 TSH:nl  
TTE: LVEF 65-60%, inferolateral wall hypokinesis



**Imaging:**  
ECG:ST depression in V2-V4,ST elevation in aVR  
CXR:nl

**CT head(without contrast):** acute occipital scalp swelling,Lt parietal convexity subdural hematoma,focal Rt parietal convexity subdural hematoma,focal Rt parietal convexity extra axial hematoma,scattered Lt frontal and Lt occipitotemporal SAH,without mass effect.

*He was started on heparin drip and aspirin.However,upon serial CT head imaging he had subdural hematoma and heparin drip discontinued.*

**Nuclear stress test:** large sized territory of fixed defect involving basal to mid anterior and anterolateral wall segments,large sized reversible defect in mid to basal inferolateral wall segments

**Dx:** Type 1 MI(acute plaque rupture)/ Type 2 MI(vasospasm) triggered by seizure

**Problem Representation:** 81 year old male with history of T2DM,HTN,CAD and prior TBI presented after a fall following transient slurred speech and confusion.Initial evaluation revealed subdural hematoma,ST changes on EKG and elevated troponin.

### Teaching Points(Sawsan):

#### Hx and PE:

- > Approach to CC:FALL > external vs internal causes
- > TLOC> 6S mnemonic : Sugar,Seizure, Stroke, Syncope, Substance & environment ,Sleep problems
- > One way to differentiate between syncope and seizure > ask about post ictal state.
- > Syncope: momentary lapse of circulatory perfusion to the brain.
- > Look at the PMH , medication history and assess for risk factors ( DM, CAD,...), Social hx (alcohol use and cognitive decline)
- > Elevated blood pressure can happen in stressful conditions and pain> trend it if concerned .
- > Cushing reflex (Increased ICP) : Bradycardia, irregular respiration, elevated BP
- > Asses orthostatic vital sign in cases of syncope .

#### Labs and imaging:

#### ECG:

- ST Elevation in AVR has a narrow ddx like , diffuse stenosis in proximal LAD/ multivessel disease & acute PE and hypoxia.
- Keep in mind the patient's presentation , we can see ECG changes secondary to an intracranial process > wellens pattern( inverted or biphasic T waves in anterior leads)
- Catecholamine surge>subendocardial ischemia>ST Depression, QT prolongation & Osborn waves, as in takotsubo

#### Troponins:

- Trend them (flat, uptrending , downtrending? ), keep in mind might be negative early on.

#### Nuclear study interpretation :

- Reversible>a blockage in a vessel at jeopardy and needs emergent intervention
- Fixed> old injury

#### How can a seizure cause an MI?

Autonomic dysregulation , catecholamine surge ,coronary vasospasm , and hypercoagulability  
**Kounis Syndrome:** Kounis syndrome (ACS triggered by a hypersensitivity or anaphylactic reaction, because of coronary vasospasm)