



5/7/25 Morning Report with @CPSolvers

“One life, so many dreams” Case Presenter: Youssef Saklawi (@SaklawiMD) Case Discussants: Steph and Zaven (@sargsyanz)



Scribing (David)

CC: found down.

HPI: 90 yo male with history of HTN who presents after being found down. He woke up from the ground and was brought to the hospital.

Code stroke called -> CT and MRI: acute small infarct in the left paramedian occipital lobe. CTA: critical stenosis in the ACA bilaterally consistent of ICAD. Also, moderate cervical stenosis at C5-C7 with severe foraminal narrowing. -> Neurology consulted: initiated on aspirin and atorvastatin.

He developed jerky movements of the arm and became more altered, so was loaded with keppra and admitted to medicine for stroke workup.

Daughter reported he had movements in left upper extremity. Exam remarkable for mild left pronator drift, otherwise fine.

> Discharged on DAPT for 3 months. Represented to the hospital 2 weeks later or syncope. Patient had gotten up to use the restroom and came back to sit down; about 10 mins later he suddenly slumped and became unresponsive. Received 2L LR in the ER. Admitted due to concern of UTI.

Social history: lives alone, doesn't smoke or drink

Meds:

Atorvastatin, ASA, clopidogrel, mirtazapine 7.5, donepezil, amlodipine-benzapril

Mirtazapine was initiated at priori admission given concern for not eating enough. Donepezil was initiated recently given PCP concern for mild dementia.

Vitals: BP: 110/65, HR: 103, SpO2: 94%

Exam: Gen: normal

Neuro: mild left pronator drift

Orthostatics:

Lying down: BP 123/63, HR 88

Stood up: BP 81/61, HR 69, felt dizzy

Notable Labs & Imaging:

Imaging:

TTE: normal EF, left atrium severely dilated.

Telemetry without a fib.

HbA1c, RPR, lipid panel: normal.

Evolution:

Mirtazapine, donepezil and anti-HTN held.

Completed antibiotics for UTI. Blood cultures negative.

SPEP and UPEP nl. K/I ratio 3.5, B12: 400

Still having orthostatic symptoms after.

Neurology re-consulted: no signs of neuropathy. Wonder if the ICAD caused the stroke from hypotension. Didn't have any other autonomic features or cord signs. Had constipation intermittently.

Hospital course prolonged due to AKI and GI bleed.

CTPE negative. CTAP no masses or malignancy.

Adrenal insufficiency ruled out. Sjögren, Lambert-Eaton and paraneoplastic panel negative. Ganglionopathy-panel neg.

Dx: primary dysautonomia - related to dementia?

Problem Representation: 90 yo male with HTN and recently initiated on donepezil and mirtazapine presented with recurrent syncope due to orthostatic hypotension. Hypovolemia, vasoplegia and cardiac etiologies ruled out, and cholinergic drugs withheld.

Teaching Points (Harry):

Differential for “found down” can be broad - including weakness, syncope, trauma, medication side effect, infectious, metabolic derangements, CVA;; history, collateral, exam are key

Not all jerky movements = seizure - in addition, consider tremor, clonus, asterixis

Syncope is due to low cerebral perfusion - broad ddx, includes cardiac output (either obstructive or hypovolemia), arrhythmias, decreased sympathetic tone (including vasodilation from sepsis), increased parasympathetic tone (vasovagal), shunting (SC steal), carotid stenosis

Orthostatic hypotension - very common to have + orthostatics, but not everyone is symptomatic. Patient's should have reflex inc in heart rate, if no increase in heart rate consider autonomic dysfunction, med effect (including cholinesterase inhibitors), sinus node disease

Autonomic dysfunction - ddx includes diabetes, amyloid, neurodegenerative (PD, LBD), age, vasculitis, adrenal insufficiency, paraneoplastic syndromes, and can be managed with compression stockings/bindings, behavioral/positional modifications including PT

LA enlargement - sequela of chronic cardiac remodeling, risk factor for precipitating/maintaining AF, also seen in amyloid

Supine hypertension with orthostatic hypotension- can be treated with nighttime captopril to treat nocturnal hypertension but without lowering BP when patient is up during the day