



10/24/25 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Bettina (@) Case Discussants: Rabih (@rabihmgeha) and Sawsan (@)
<https://clinicalproblemsolving.com/present-a-case/>

<p>Scribing (Eugene) CC: 53 yr old female with LOC</p> <p>HPI: she suddenly felt dizziness, sweating and fainted while running around. She was on the ground for 5 mins, had an episode of urinary incontinence. She also vomited 3 times when she woke up. Had similar episodes in the past, some workup done (moderate aortic stenosis), refused any Rx.</p> <p>ROS: No fever, SOB, abdominal pain, dysuria, bowel symptoms.</p>		<p>Vitals: T: 97.9 HR: 96 BP: 102/57 RR: Sat: 97 Exam: Gen: Not in distress, small head laceration CV: systolic murmur R2ICS, regular rhythm Pulm: normal Abd: non remarkable Neuro: normal</p>	<p>Problem Representation: Middle-aged female with recurrent exertional syncope, systolic murmur at the right upper sternal border, and low-normal blood pressure.</p>
<p>PMH: Nil Meds: Nil</p> <p>Fam Hx: Nil Social Hx: Health-Related Behaviors: smoked and drunk alcohol occasionally Allergies:</p>		<p>Notable Labs & Imaging: Hematology: WBC: 5 Hgb: 11 Plt: 234 MCV: 92.5</p> <p>Chemistry: Na: 140 K: 4.4 Cl: 109 HCO3: 24 Cr: 0.95 BUN: wnl Lactate: 1.1 A1c: 5.6%</p> <p>Imaging: EKG: normal sinus rhythm CXR: normal CT head: no hemorrhage CTA Chest: Normal Echo: LVH, EF-60%, BICUSPID AORTIC VALVE, SEVERE AORTIC STENOSIS</p> <p>Dx: Severe Aortic Stenosis secondary to Bicuspid Aortic Valve</p>	<p>Teaching Points (Anmolpreet)</p> <p>I] Loss of consciousness: (blood vs brain) Blood-based transient LOC: quantitative (syncope) and qualitative-substances dissolved in blood (carbon monoxide poisoning, anemia, hypoglycemia) Narrow down: Syncope (blood perfusion) vs seizure – key questions? Prodromal symptoms, post ictal confusion, tongue biting/involuntary passage of urine during episode.</p> <p>II] Syncope resulting in neurologic sequela: 1. differentiate from seizure (postictal confusion) 2. Brain hypoperfusion leading to ischemic changes 3. Head trauma during fall (SDH)</p> <p>III] Heart: presence of a murmur makes us think structural (obstruction) vs arrhythmia.</p> <p>IV] Aortic stenosis: in a younger age, makes us think about rheumatic fever or a bicuspid aortic valve, But a valve tight enough to cause syncope won't let the patient survive as long as 30 years.</p> <p>V] Tricuspid regurgitation: think about IVDU, pulmonary HTN</p> <p>VI] Inconsequential episodes: possible dynamic cardiac obstruction → LV/RV outflow tract obstruction or a cardiac mass -LVOT obstruction can depend on the hydration status of the patient, dehydration precipitates the sx, relieved on drinking</p> <p>VII] Myxoma: non progressive static cardiac mass, classically in middle aged women</p>