

1/2/26 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Krithika (@krithikakripashankar5) Case Discussants: Austin (@RezidentMD) & Rabih (@rabihmgeha)
<https://clinicalproblemsolving.com/present-a-case/>



<p>Scribing (CPS Fam :) CC: 57M w/ sudden vision loss 3 days ago</p> <p>HPI: Difficulty doing regular field work by himself for 3 days.</p> <p>ROS: No headache, N/V, eye pain, redness, discharge, flashes, floaters, diplopia or photophobia.</p>		<p>Vitals: T: nl HR: 88 BP: 180/110 RR: 18 Sat: nl</p> <p>Exam: Gen: no significant abnormalities CV, Pulm, Abd: unremarkable Neuro: motor and sensory nl, color vision nl, light reflex nl, no ptosis, PERRL. On ophthalmology exam: HTN retinopathy bl. CN2 visual acuity 6/9 [relatively nl]. Visual fields couldn't be assessed.</p>	<p>Problem Representation: 57 y old M presented with sudden vision loss could not move eye to instructed direction, could identify objects but could not pick them up and was found to have infarct in R parieto occipital region.</p>
<p>PMH: HTN, T2DM [not compliant w/ meds] IHD- single vessel disease</p> <p>Meds: Tab telma (telmisartan) Metformin aspirin</p>		<p>Fam Hx: none</p> <p>Social Hx: Farmer</p> <p>Health-Related Behaviors: Not significant</p> <p>Allergies: NKDA</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC: 11.8 [N] Hgb: 17 Plt: 212 MCV: 81 Hct: a bit high (52.7) RBC-6.46 PBS: unremarkable Random blood sugar: 477 A1c: 13.2%</p> <p>Chemistry: RFTs, LFTs: nl Urine: sugar +ve, albumin- trace Echo: LVH, nl EF, no vegetations or any other abnormalities</p> <p>Additional ophthalmology testing:</p> <ul style="list-style-type: none"> Patient could identify the objects (could identify glass of water), but could not reach out to them (couldn't pick up the glass), He could not move eye to instructed direction and maintain gaze and had to move entire head to that direction. A photo of forest shown, he could only identify a single tree in the image. <p>MRI: acute infarct in R parieto-occipital region, chronic infarct in left parieto occipital region</p> <p>Carotid artery Doppler: atherosclerotic plaques in bilateral CCA with lumen narrowing</p> <p>Dx: Balint syndrome.</p>
			<p>Teaching Points (Saketh)</p> <p>1) Sudden onset LOV: Vascular etiology, electrical etiology Localize disease in space - Unilateral/Bilateral - Painful/Non-Painful Sudden Onset Apraxia: Advanced Cortical Issue/ Pseudo Apraxia</p> <p>2) Pearl: Give as much weight to what is strikingly absent as to what is present.</p> <p>3) Acute Neurological Issue a/w Diabetes Nonketotic hyperglycemia: - Can cause diabetic striatopathy - Epilepsia partialis continua - Occipital Seizures</p> <p>4) Balint Syndrome - Optic Ataxia - Oculomotor Apraxia -Simultanagnosia</p>