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**PGY-1**

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# CHIEF COMPLAINT

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*“ My Head Is Blowing ”*

# HPI

- 47 y.o. female, presented to ER with **intermittent headaches**, and **intermittent left sided weakness, tingling, and numbness** that got worse last night.
- Pt says **since last week she had intermittent headaches and left sided weakness.**
- Pt visited her PMD for the above symptoms who prescribed Tylenol#3, and continuation of her antihypertensive treatment.
- Pt's symptoms started to **persist since last night**, and **did not disappear** since then.
- In addition, Pt complains of **dizziness, dysphagia, nausea, and vomited once.**
- Pt denied any problem with speech, blurry vision, syncope, LOC, chest pain or palpitation.
- CT was negative for bleeding or any acute changes.
- Pt was seen by Neurology in ER; no tPA was not given as Pt was out of widow period. MRA Brain and Neck was recommended.
- Upon examination at bedside, Pt was **crying and complaining of severe headache 10/10.**

- **Review of Systems:** Negative except as above.
- **Allergies:** Lipitor causes myalgia.
- **PMH:** HLD, HTN, stroke with no residual weakness, depression, herpes zoster iridocyclitis, acne.
- **PSH:** Carotid endarterectomy in LIJ North Shore in 2006, tubal ligation.
- **SH:** Denied any smoking, ETOH, or illicit drug use.
- **FH:** **Father with stroke**, died of sudden cardiac death at age 34, **sister with stroke**.

# Home Medications

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- **TYLENOL #3 300-30 mg tablet TID PRN.**
- **Amlodipine 5 MG tablet OD.**
- **Clindamycin-tretinoin gel**
- **Clobetasol 0.05 % cream**
- **Clotrimazole-betamethasone external cream**
- **Omeprazole 40 MG capsule OD.**
- **Rosuvastatin 20 MG tablets HS.**
- **Terconazole 0.8 % vaginal cream**
- **Triamcinolone 0.5 % cream**

# PHYSICAL EXAMINATION

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- BP **143/82** | Pulse **109** | Temp **99.7 °F (37.6 °C)** (Oral) | Ht **5' 4" (1.626 m)** | Wt **130 lb (58.968 kg)** | BMI **22.3 kg/m<sup>2</sup>** | SpO<sub>2</sub> **98%** | LMP **10/10/2014**
- General appearance: alert, appears stated age, cooperative, **crying, and complains of headaches.**
- Head: NC, AT, PERRLA, EOMI.
- Neck: **surgical scar from carotid artery surgery on the right side of neck.** No JVD, no carotid bruit.
- Lungs: CTA B/L.
- Heart: RRR, S1, S2 normal, no murmur, click, rub or gallop
- Abdomen: +BS, soft, ND, NT, no HSM.
- Extremities: extremities normal, atraumatic, no cyanosis or edema
- Pulses: 2+ and symmetric
- Neurologic: AAO X 3, motor 5/5 in right upper and lower extremities, **motor 3/5 in left upper and lower extremities**, DTRs 2+ in all 4 extremities, sensation intact B/L, DTR symmetric, Babinski negative B/L.

# LABS

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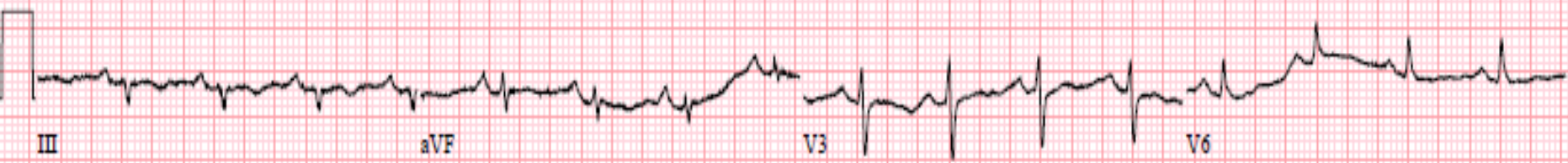
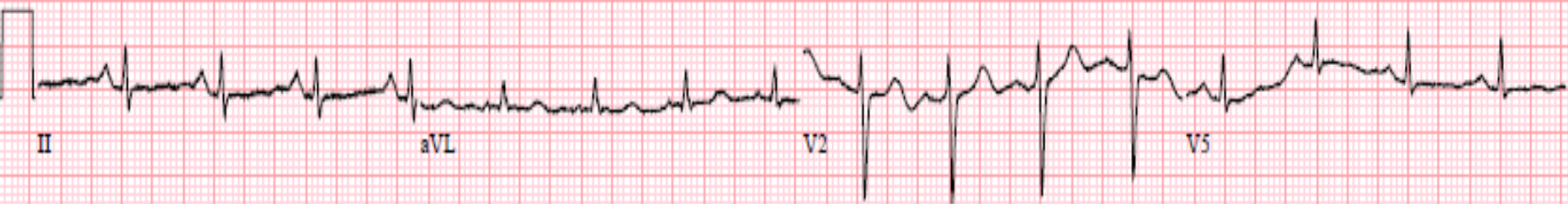
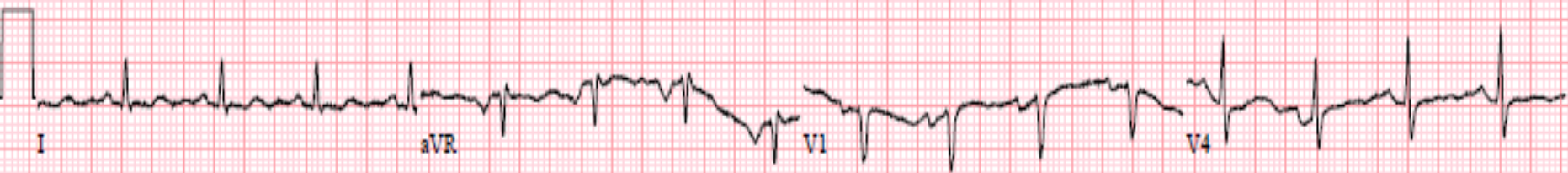


# Labs

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- **PT 11.7**
- **PTT 29.5**
- **INR 1.0**
- **Troponin <0.012**
- **Pregnancy test negative**





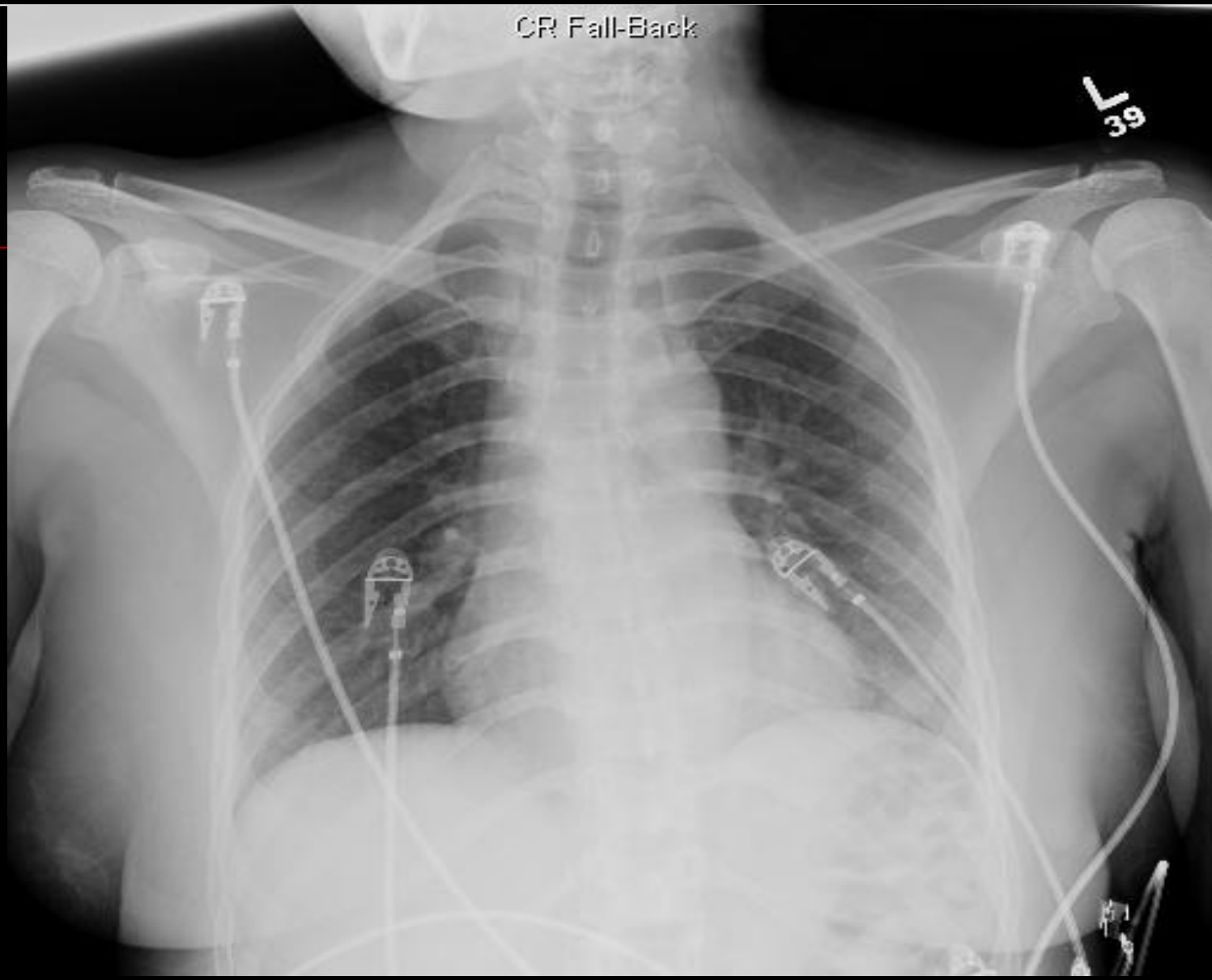
# EKG

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- **Normal sinus rhythm.**
- **Nonspecific T wave abnormality.**
- **Abnormal ECG.**
- **No previous EKGs available for comparison.**

CR Fall-Back

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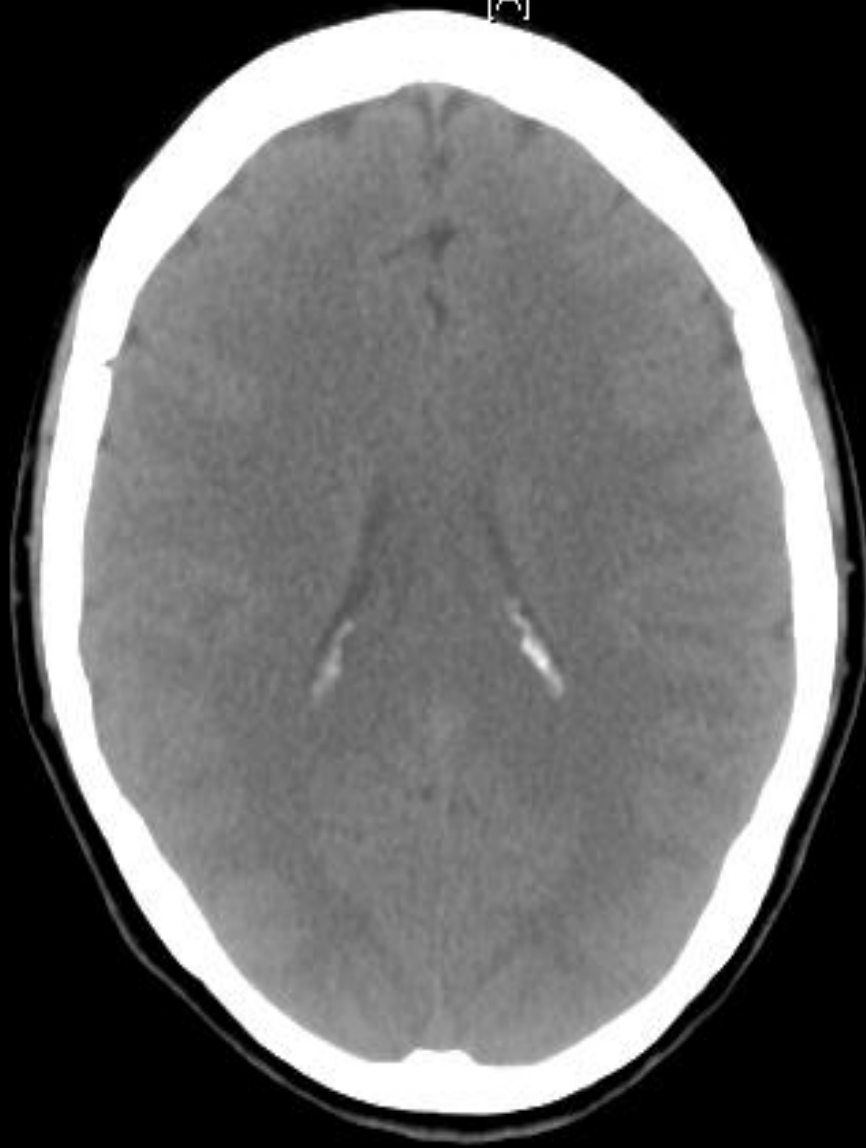


# CXR

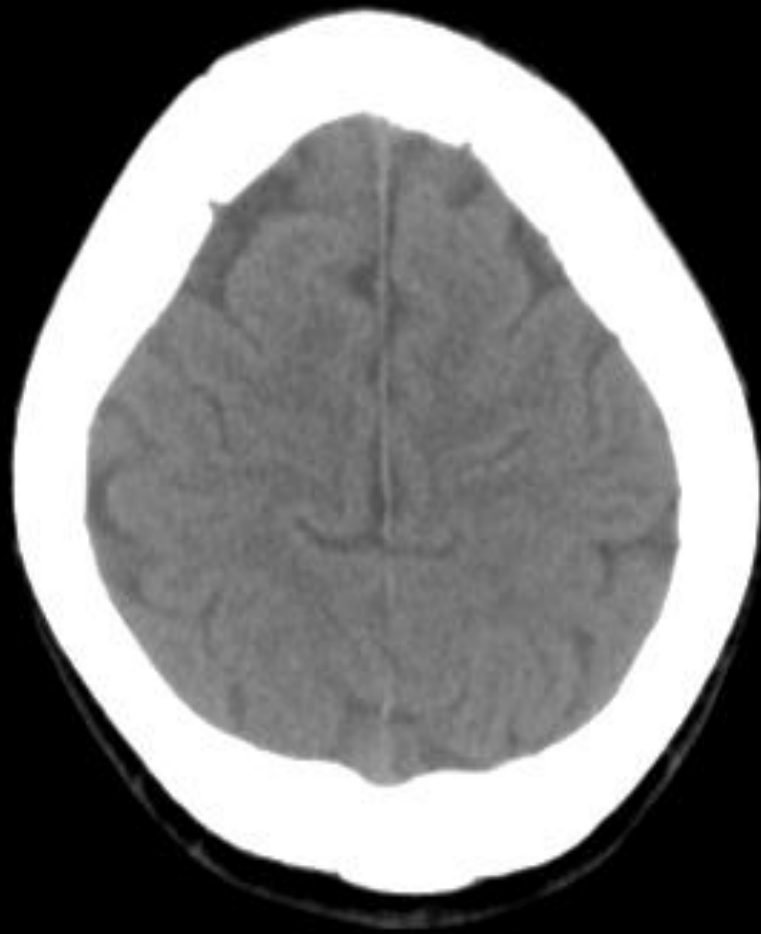
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- **There is no evidence of an infiltrate, effusion, or PTX.**
- **Overlying leads are seen.**

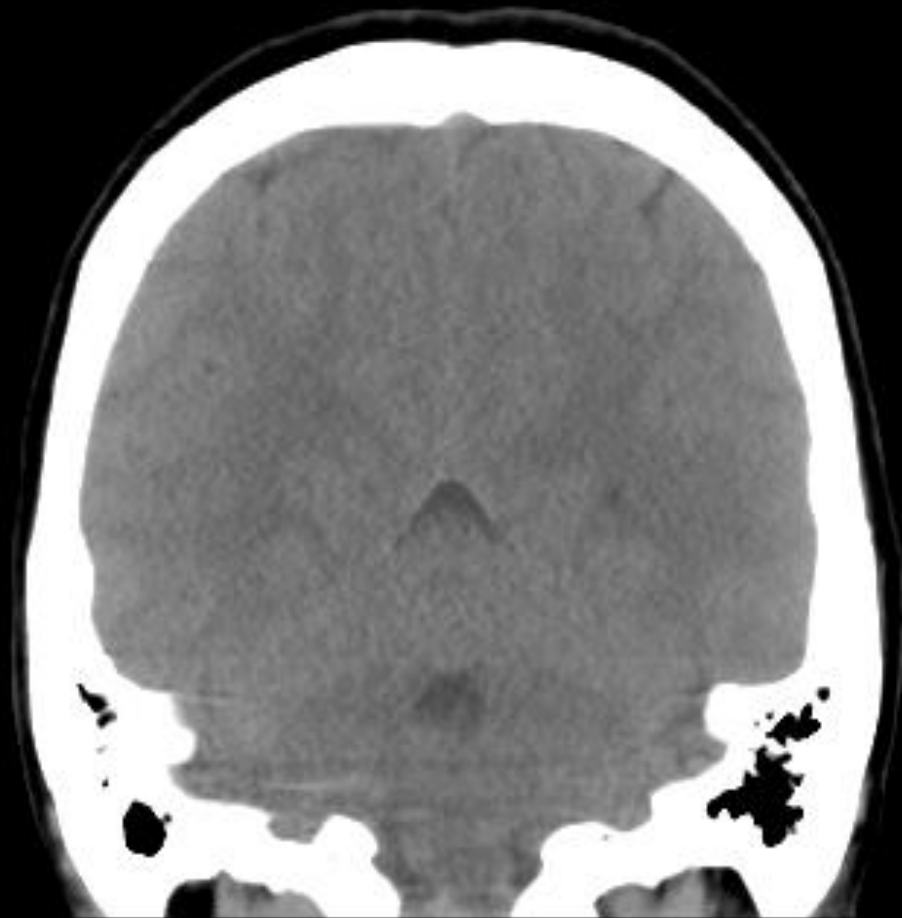
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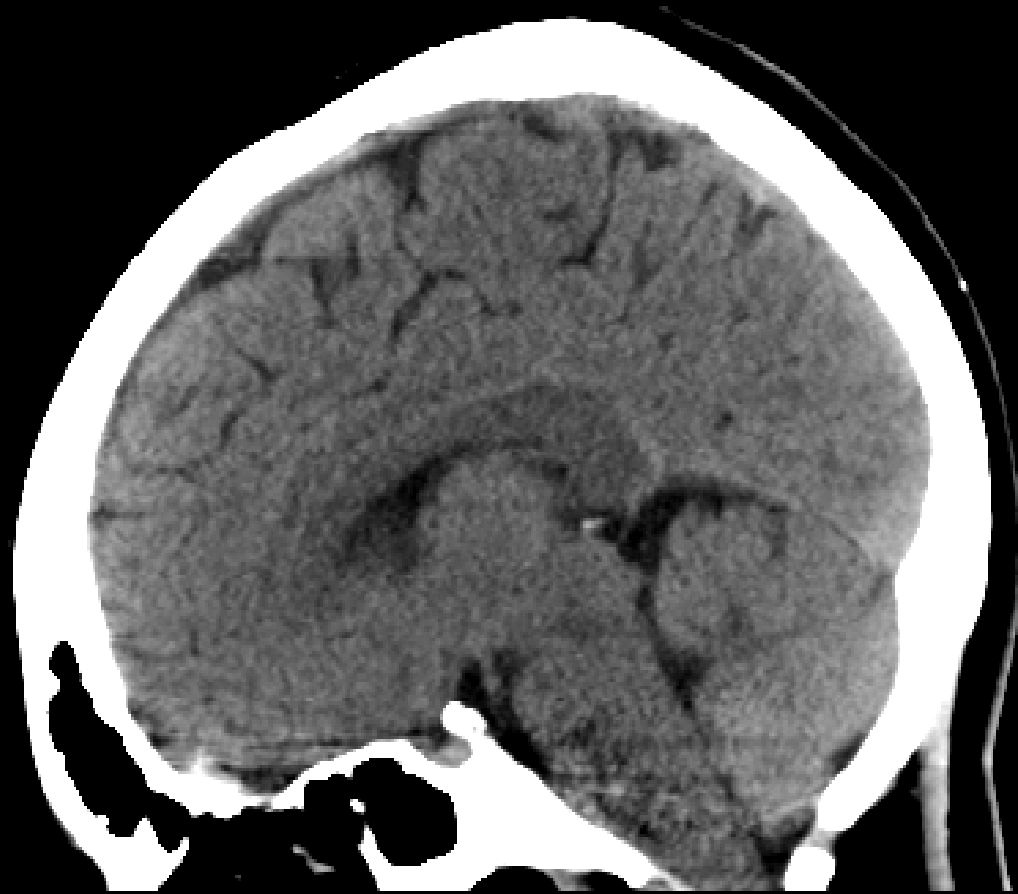


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# CT Head Without Contrast

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- A noncontrast CT of the brain was performed.
- Exam is compared to prior study of April 19 2008.
- Exam reveals the ventricles are normal in size and configuration.
- There is no evidence of a mass or mass effect. There is no
- evidence of an acute hemorrhage, intra-axial or extra-axial
- collection. No abnormal areas of parenchymal attenuation are
- seen. The visualized paranasal sinuses and mastoid air cells are
- well aerated.

**IMPRESSION:**

**NO FOCAL INTRACRANIAL LESION.**

# Neuro Consult

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- **No tPA warranted as Pt is out of the therapeutic window period.**
- **Start Plavix 75 mg once daily, Lipitor 80mg at bedtime.**
- **Continue ASA 81mg daily.**
- **2D ECHO.**
- **MRI Brain, MRA head/neck.**
- **Rehab/ PT evaluation once medically stable**
- **Lipid panel with aim to maintain LDL less than 75 mg/dL.**
- **Maintain BP < 130/80mmHg**
- **Monitor blood glucose and to maintain between 120 - 140 mg/dL**
- **DVT prophylaxis with heparin s/c,**
- **Telemetry Monitoring,**
- **Neuro checks as per protocol,**
- **Fall/aspiration precautions.**

# MAR ASSESSMENT

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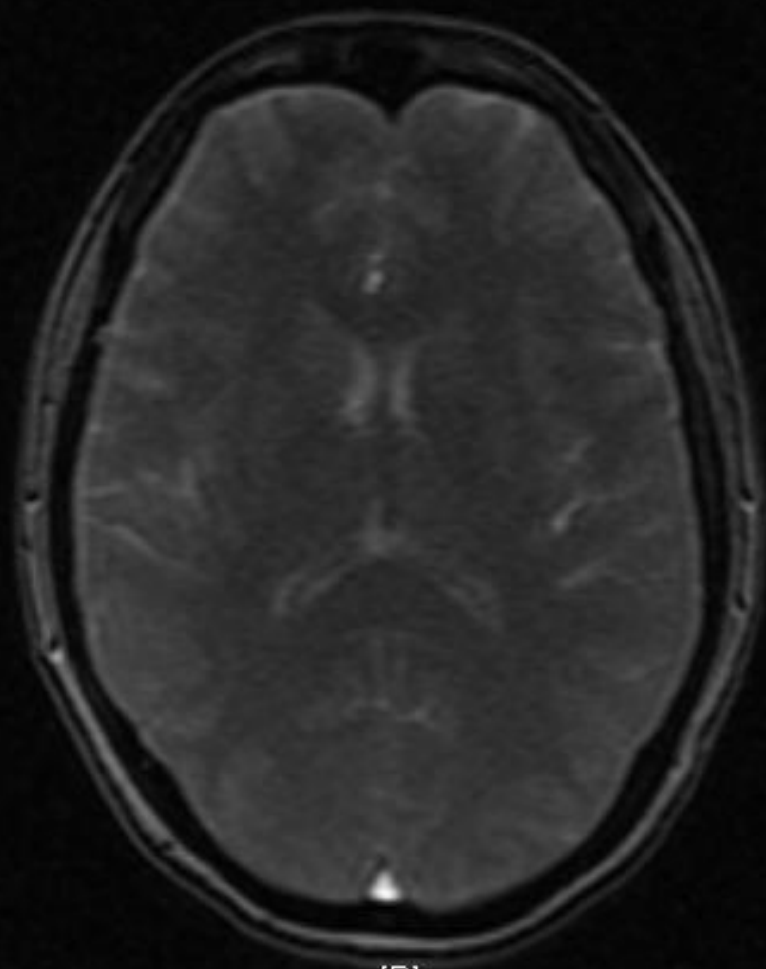
- **Acute CVA:**
  - **Old CVA:**
  - **Right CEA in LIJ:**
  - **Left Sided Weakness:**
  - **Family History of CVA:**
- **HTN:**
- **Depression:**

# MAR PLAN

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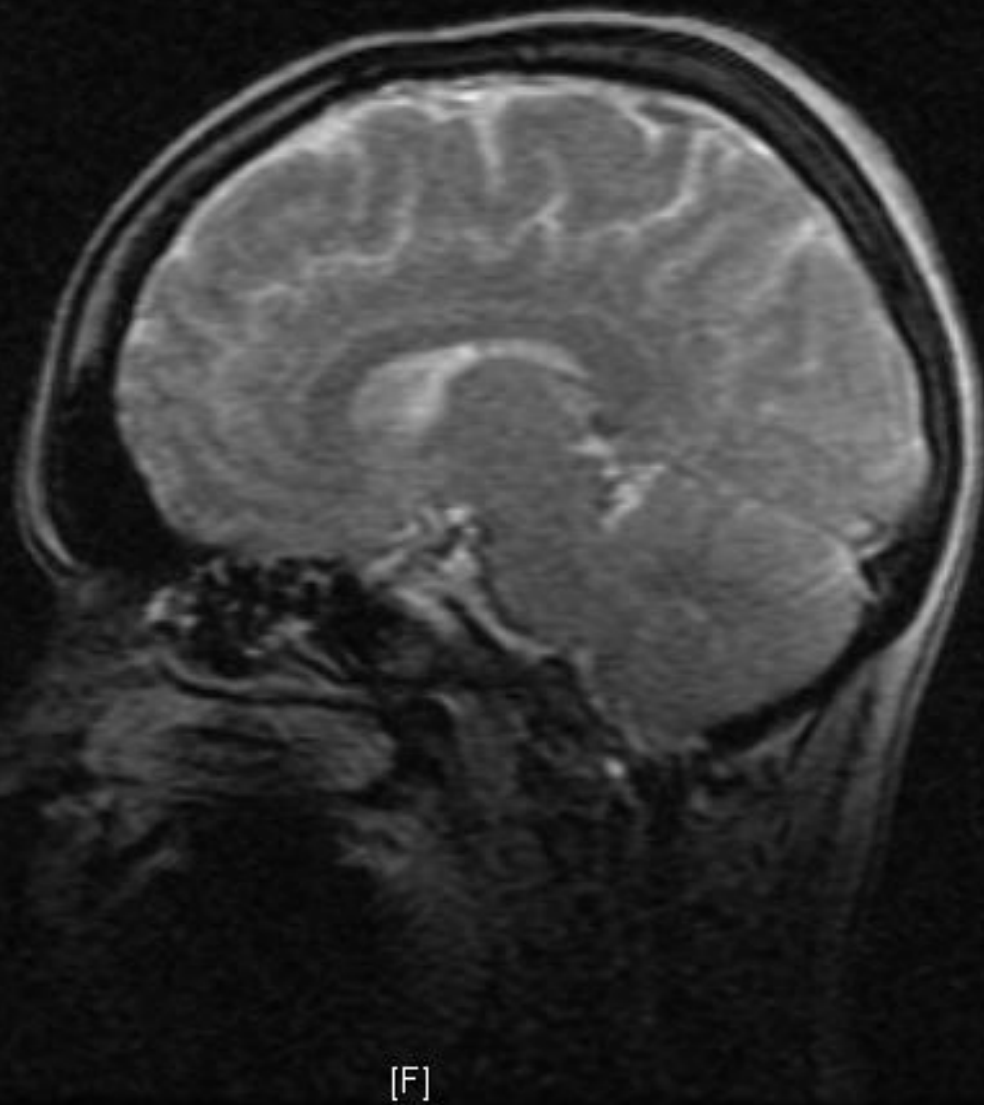
- Telemetry.
- MRA Brain.
- MRA Head/Neck.
- Lipid Panel with LDL goal of < 70 mg/dL.
- Plavix 75 mg PO daily.
- ASA 81 mg PO daily; continue.
- Lipitor 80 mg PO HS.
- Tylenol for headache PRN.
- NPO for now.
- Keep BP <130/80 mm-Hg; continue amlodipine as needed.
- Maintain fingerstick between 120-140 mg/dL.
- SLP evaluation.
- PT/Rehab evaluation.
- Neurocheck Q4 hrs.
- Vitals per Nursing Protocol.
- DVT Prophylaxis:
- Seizure , fall and aspiration precautions.

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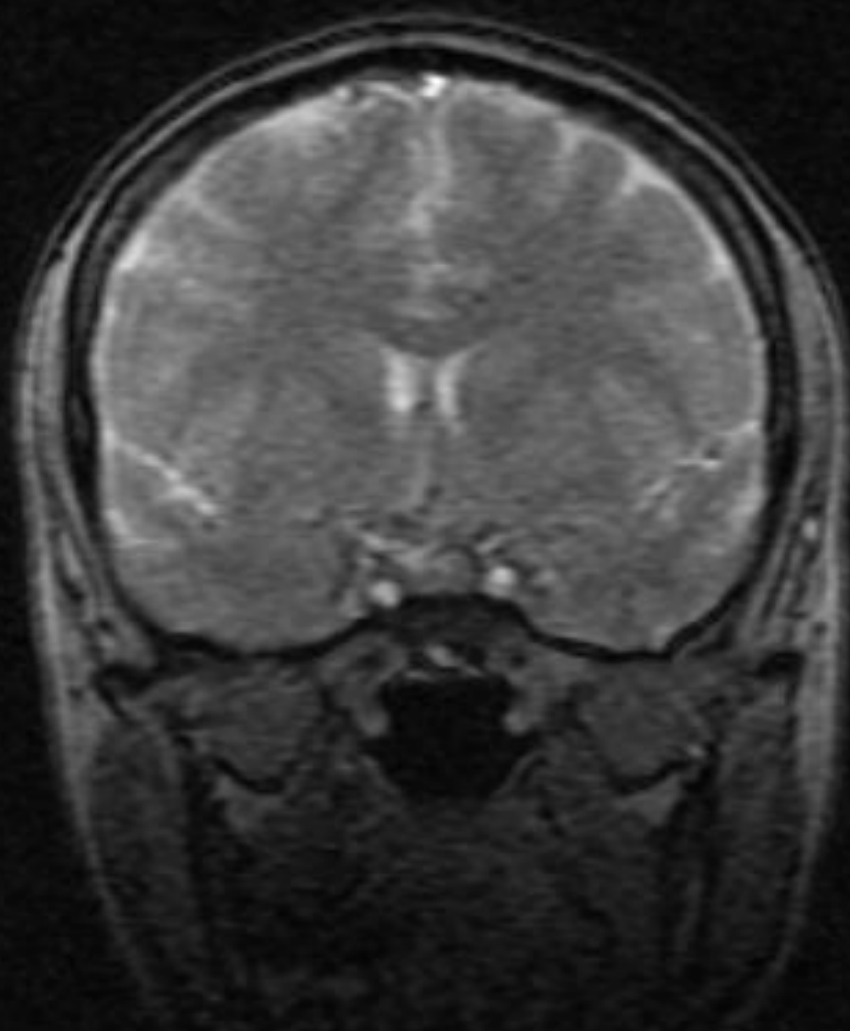
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# MRA Head

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- **No current evidence of diffusion restriction to suggest acute ischemia.**
- **No hemodynamic significant stenosis.**



[A]



[P]

[H]



[F]

# MRA Neck

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- **NO HEMODYNAMIC SIGNIFICANT STENOSIS.**

# Hospital Course; day 2-3

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- ? *New CVA vs. Migraine Variant:*
- Telemetry.
- Vitals per Nursing Protocol.
- Plavix 75 mg PO daily.
- ASA 81 mg PO daily; continue.
- Crestor 40 mg PO HS.
- Percocet PRN for headache.
- Xanax 0.5 mg HS PRN.
- Headache and weakness improves.
- Will discharge once Neurology clears Pt.

# Neurology Follow-up

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## Assessment:

- Weakness 4+/5, headaches still present, but intensity decreased.
- MRA Head and Neck reviewed.
- **Migraine Variant:** Etiology most likely complex migraine

## Plan:

- Amitriptyline 25mg HS.
- Start Medrol Pack for abortion of headaches.
- Continue with ASA 81mg, Plavix 75mg and Crestor 40 mg every day for secondary prevention of strokes.
- Follow up with Neurology in 2 weeks.

# Discharge Meds

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- Amitriptyline tablet 25 mg PO HS.
- Aspirin tablet 81 mg PO daily.
- Clopidogrel tablet 75 mg PO daily.
- Famotidine tablet 40 mg PO daily.
- MethylPREDNISolone tablet 4 mg PO taper.
- Rosuvastatin tablet 40 mg POS HS.

# **INTERNAL MEDICINE DISCHARGE**

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- **Left sided weakness 4+/5.**
- **Regular medication intake.**
- **Activity: As tolerated.**
- **Diet: Low Sodium ,Carb consistent.**
- **No smoking, no alcohol, no drugs advised.**
- **Neurology Follow up in 2 weeks.**

# Migraine Variant

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**Migraine variant is the term applied to a migraine that exhibits itself in a form other than headache only. Such conditions are less recognized, less common, and less well understood than the typical migraines that usually affect children and young adults.**

**Migraine variants may be characterized by the following:**

- **Paroxysmal episodes of prolonged visual auras.**
- **Atypical sensory, motor, or visual aura.**
- **Confusion.**
- **Dysarthria.**
- **Focal neurologic deficits.**
- **Gastrointestinal (GI) manifestations.**
- **Other constitutional symptoms, with or without a headache.**



# **Take Home Message**

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**Not Every Weakness/Numbness is Stroke**

**Thank You For Your Attention**