# CASE STUDIES

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# CASE # 1

# HISTORY

- 49yoRhm
- Suddenly slumped to the right and lost speech
- No warning
- EMS summoned and brought to ER

# EXAMINATION

- 35 minutes after onset
- Dysphasic
- Right facial droop
- Right hemiparetic (flaccid)
- Right hemianesthetic

# EXAMINATION (CONT.)

- B/P: 214/128
- NIH: 17

# INTERVENTION

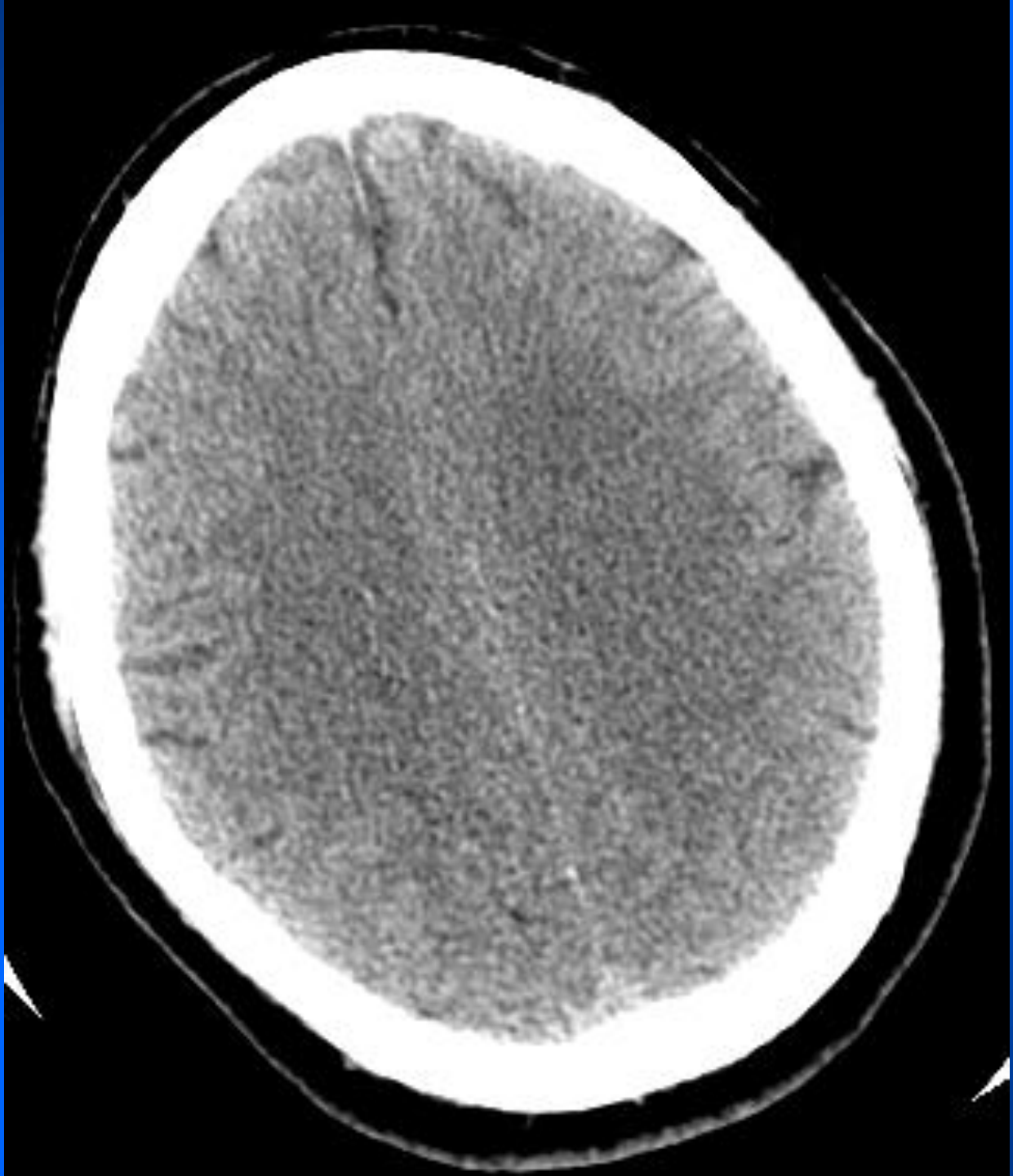
- Labetolol:  20 mg IV
- Head CT
- Labs

# PAST HISTORY

- Hypertension (Diovan and Toprol)
- Prior TIA (4 yrs ago)
- Noncompliant with ASA
- 1-2 ppd tobacco
- Both parents and 1 sibling deceased from CAD

# EXAM:  15 MIN. LATER

- B/P:  168/96
- Language intact
- Moving R side (mild weakness)



INDIANA STROKE PREVENTION TASK FORCE

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# NEURO EXAM

- 60 minutes after onset
- B/P:  165/101
- Mild difficulty with word finding
- o/w normal

# INTERVENTION

- ASA:  325mg po
- Labetolol:  10 mg IV twice

# PROGRESSION

- 2 hours after original onset
- Trouble swallowing
- Speech mildly dysarthric
- Waxed and waned over next 60 minutes

# INTERVENTION

- Heparin drip
- Admit to progressive care unit
- Neuro checks per stroke protocol
- NPO

# 24 HOURS LATER

- Mute
- Oropharyngeal muscle paralysis
- Follows instructions
- O/W normal

# 48 HOURS LATER

- 30 minutes after awakening
- Dense R hemiplegia
- Dense R hemianesthesia
- Right homonomous hemianopsia
- Right gaze paresis
- Mute
- Trouble following instructions
- Lethargic

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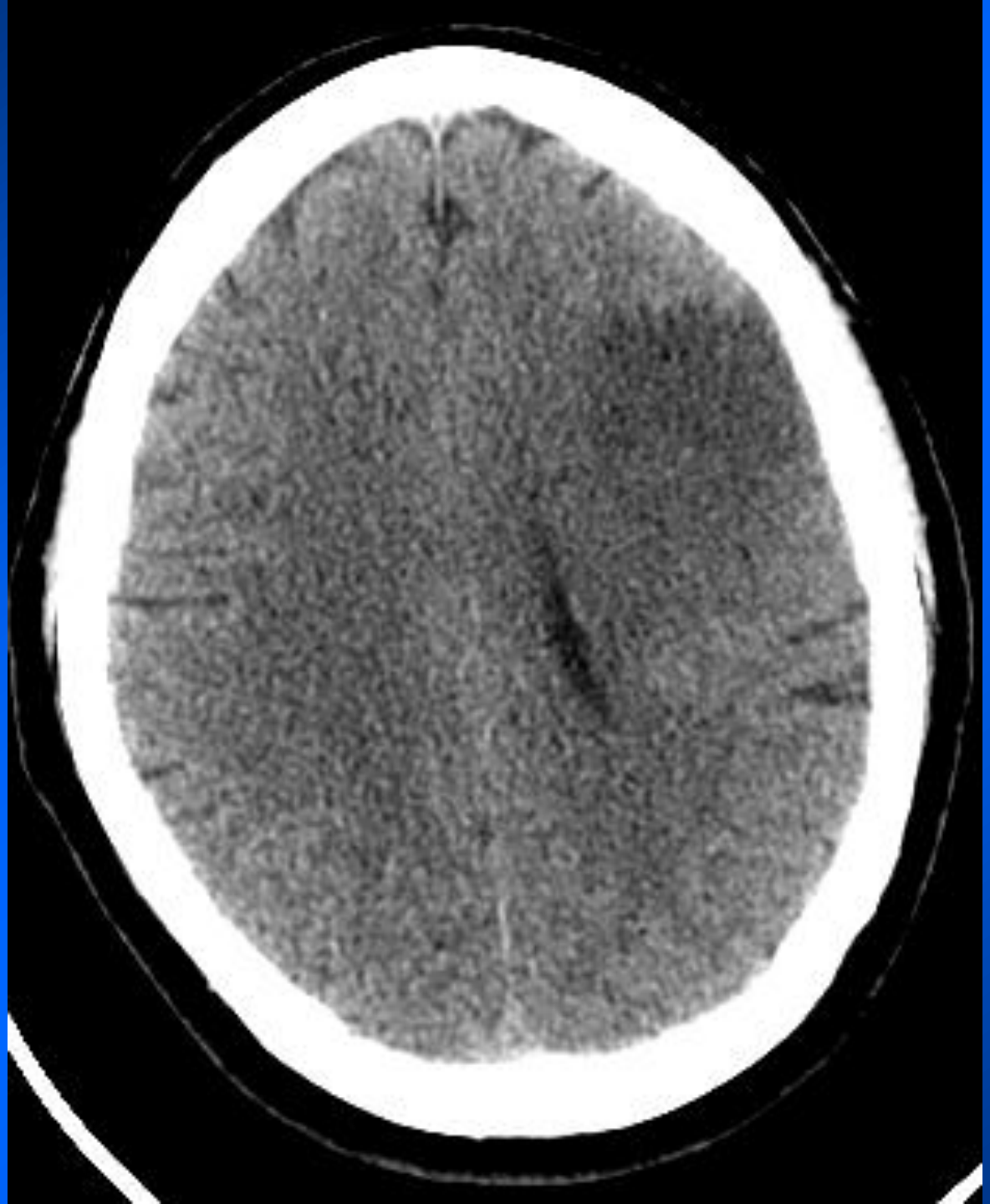

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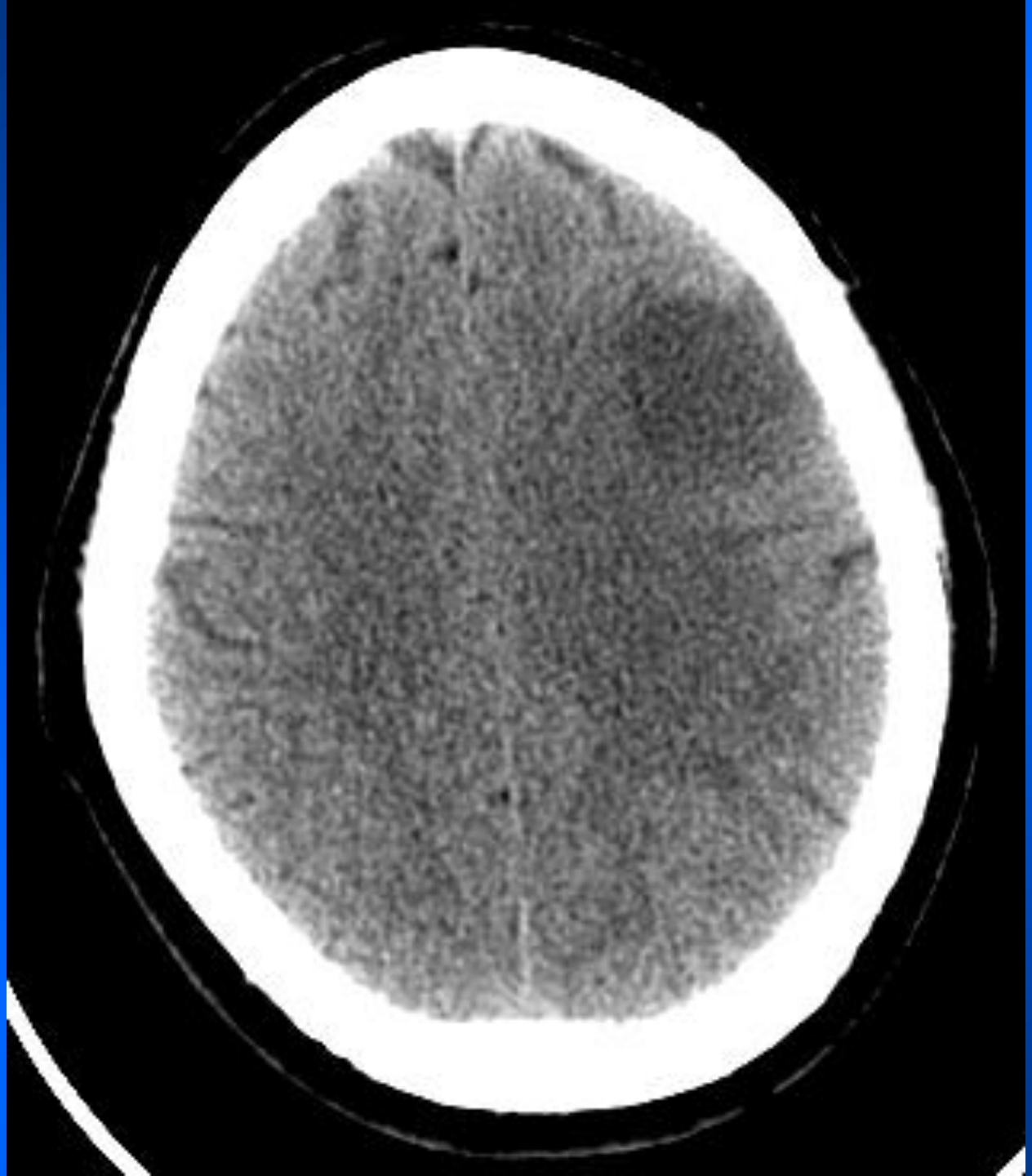

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# TESTS

- Coagulopathic: negative
- Immunologic: negative
- Echocardiographic: negative
- Carotid doppler: 100% LICA & >80% RICA
- MRA: 99% LICA & >70% RICA & >70% LVA

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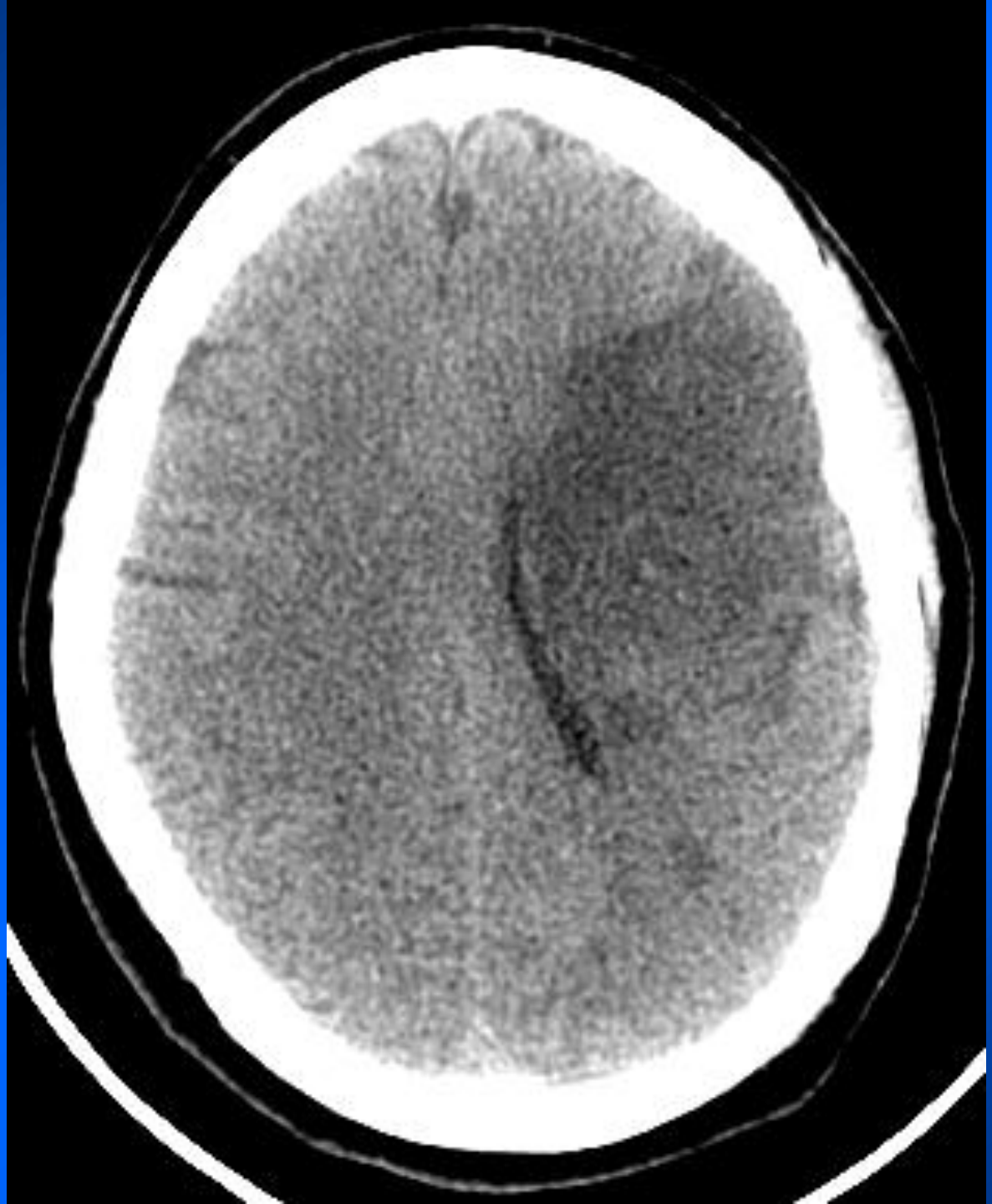

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# OUTCOME

- R CEA
- Plavix and ASA
- Minimal speech
- Follows instructions
- Right facial weakness
- RUE plegia
- RLE paresis
- Walks with hemiwalker
- Post-stroke seizure disorder

# CASE # 2

# HISTORY

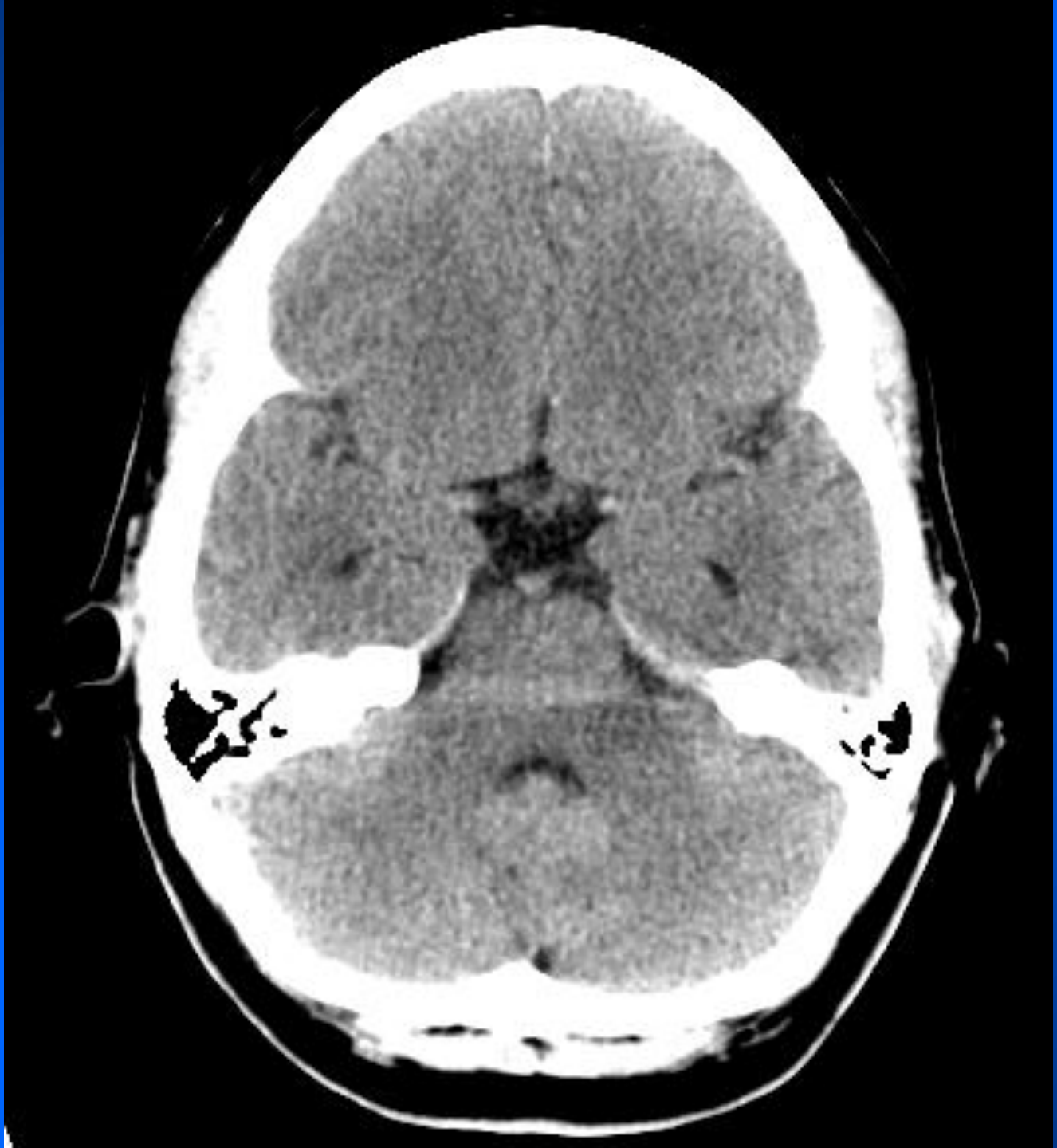
- 19yoRhf
- Awakened morning of admit
  - Numb/weak right arm
  - Nonsense speech
  - Could not understand others speech
  - Improved over next couple of hours
- Went to work
  - Trouble understanding
  - Numb/weak spread to right leg
  - Fell
- Sent to ER

# PAST HISTORY

- Meds:  BCP restarted 6 weeks after delivery
- Birth of first child 8 weeks earlier
- Smokes less than 1 ppd

# NEURO EXAM

- B/P:  114/58
- Pin prick decreased in right arm and leg
- 4/5 strength in right arm and leg
- Drift right arm
- FFM slow on right



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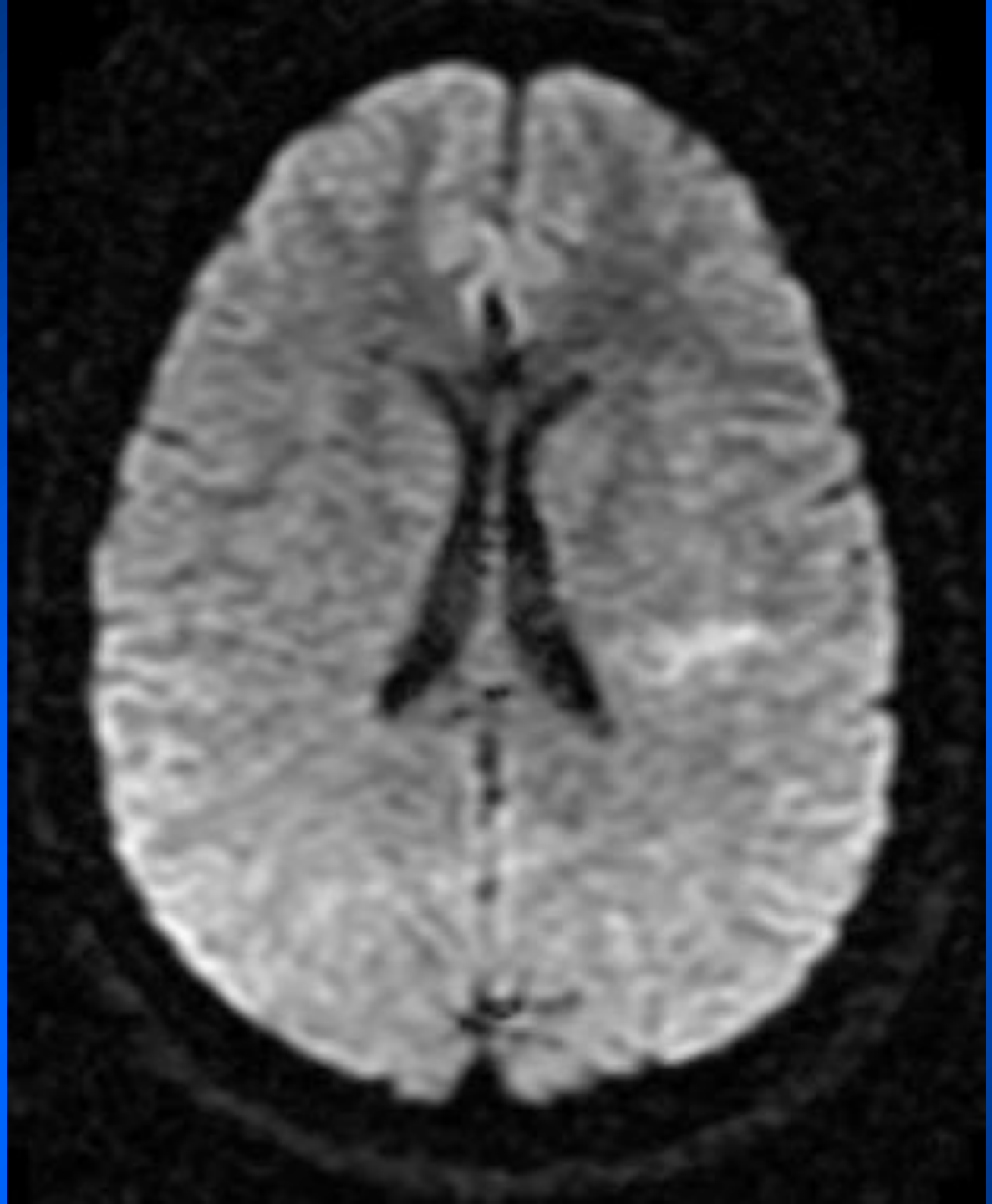

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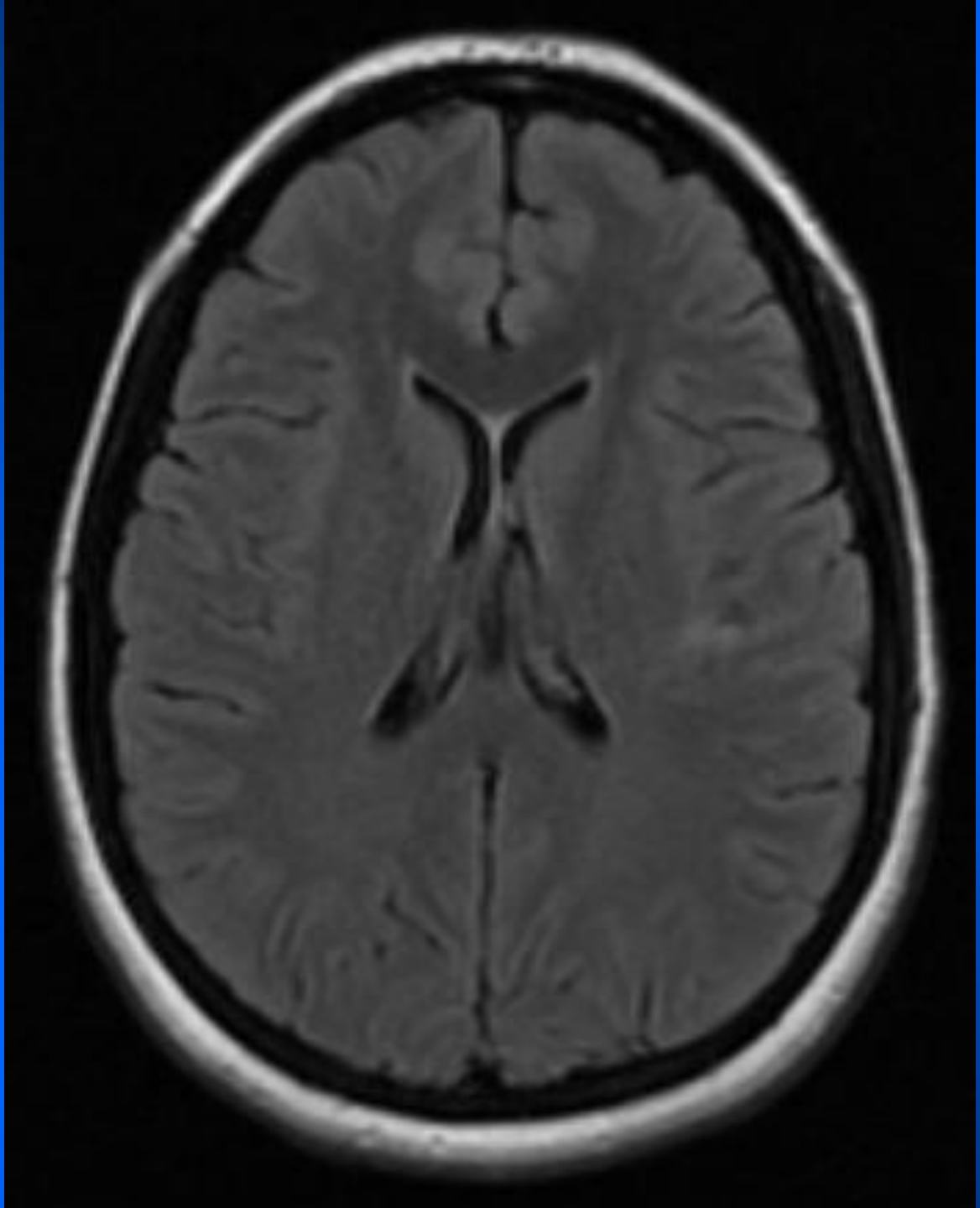

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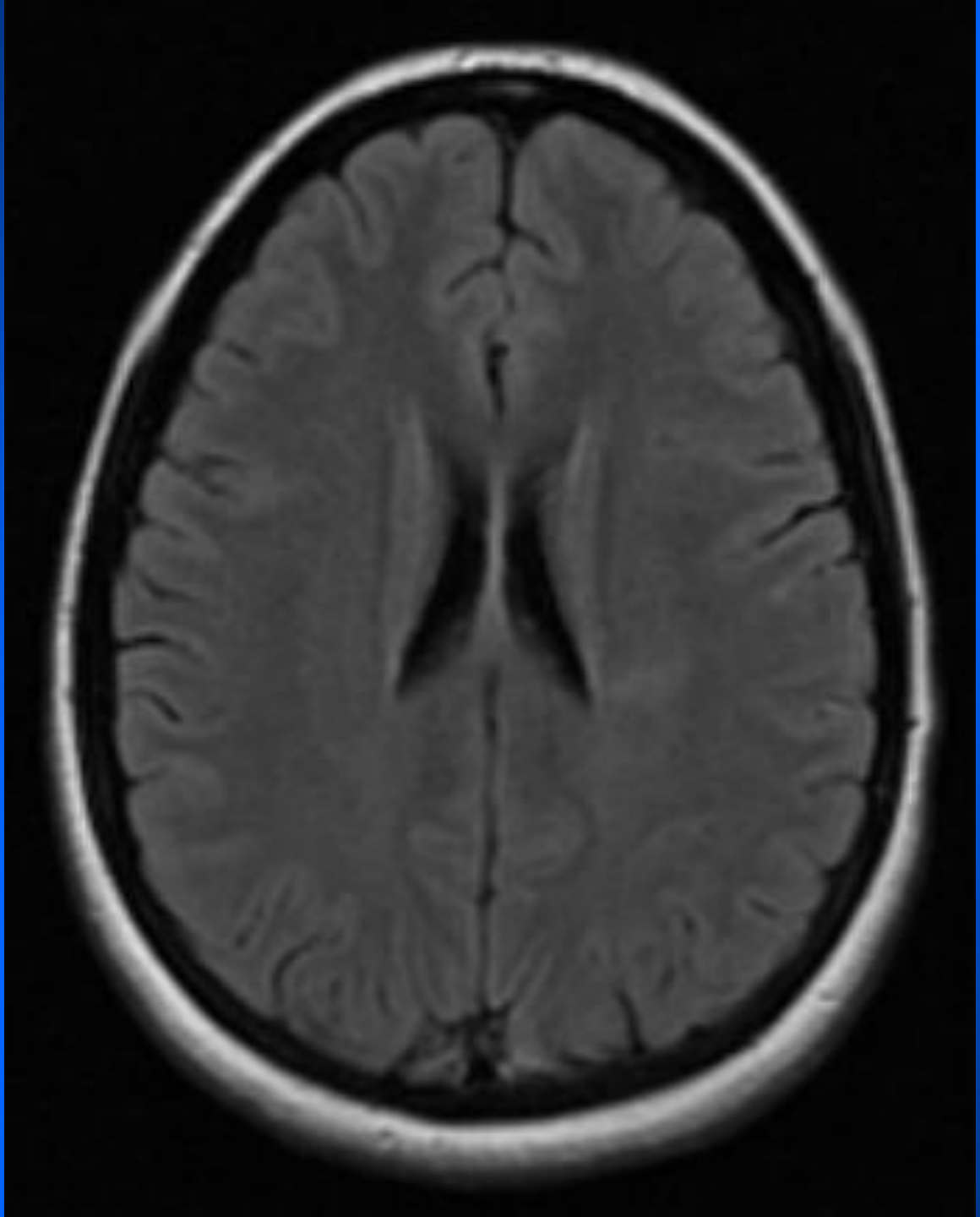

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# TESTS

- Lipids: normal
- Serum homocysteine level: normal
- TTE: mobile mass in left ventricular outflow tract
- TEE: confirmed TTE

# INTERVENTION

- Warfarin
- Transfer to Indiana Heart Hospital for additional testing

# INDIANA HEART HOSPITAL

- MRI and CTA of chest normal
- Review of original TEE felt to be artifactual
- Hematology w/u including coagulaopathic and immunologic studies unrevealing
- Maintained on warfarin for 3 months

# OUTCOME

- Back to normal baseline
- On ASA 81mg daily
- Avoid chemical birth control
- Stop smoking
- Repeat TEE?