

CC:, Progressive unsteadiness following head trauma., HX:, A 77 y/o male fell, as he was getting out of bed, and struck his head, 4 weeks prior to admission. He then began to experience progressive unsteadiness and gait instability for several days after the fall. He was then evaluated at a local ER and prescribed meclizine. This did not improve his symptoms, and over the past one week prior to admission began to develop left facial/LUE/LLE weakness. He was seen by a local MD on the 12/8/92 and underwent an MRI Brain scan. This showed a right subdural mass. He was then transferred to UIHC for further evaluation., PMH:, 1) cardiac arrhythmia. 2) HTN. 3) excision of lip lesion 1 yr ago., SHX/FHX:, Unremarkable. No h/o ETOH abuse., MEDS:, Meclizine, Procardia XL., EXAM:, Afebrile, BP 132/74 HR 72 RR 16, MS: A & O x 3. Speech fluent. Comprehension, naming, repetition were intact., CN: Left lower facial weakness only., MOTOR: Left hemiparesis, 4+/5 throughout., Sensory: intact PP/TEMP/LT/PROP/VIB, Coordination: ND, Station: left pronator drift., Gait: left hemiparesis evident by decreased LUE swing and LLE drag., Reflexes: 2/3 in UE; 2/2 LE; Right plantar downgoing; Left plantar equivocal., Gen Exam: unremarkable., COURSE:, Outside MRI revealed a loculated subdural hematoma extending throughout the frontotemporoparieto-occipital regions on the right. There was effacement of the right lateral ventricle. and a 0.5 cm leftward midline shift., He underwent a HCT on admission, 12/8/92, which showed a right subdural hematoma. He then underwent emergent evacuation of this hematoma. He was discharged

home 6 days after surgery.