Case Summary and Analysis

# ✅ Summary of Significant Findings

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| Finding | Interpretation |
| CT Scan: Putaminal bleed | Confirms hypertensive ICH |
| BP = 190/110 + LVH | Chronic hypertension as etiology |
| Fixed pupil + coma + GCS 8 | Suggests mass effect with brain herniation |
| Normal coagulation, glucose, ECG | Rules out metabolic, infectious, or cardiac causes |

# Breakdown of Positive Findings and Their Pathophysiology

* WBC (11,000 cells/mm³): Mild leukocytosis could be due to an infection, inflammation, or stress response.
* HCT (36%): On the lower end of normal; could suggest mild anemia.
* PLT (212,000 cells/mm³): Normal platelet count; no immediate concerns.
* HDL (89 mg/dl): Elevated HDL is protective against cardiovascular disease.
* LDL (45 mg/dl): Low LDL levels are protective but very low might suggest malnutrition.
* Cr (1.2 mg/dl): Upper end of normal; could indicate reduced renal clearance.
* BUN (20 mg/dl): Normal but on the higher end; could indicate mild dehydration.
* ALP (170 u/L): Elevated; suggests liver or bone disease.
* RBS (105 mg/dl): Normal but on the higher end; could indicate prediabetes.
* CT Brain: Hyperdense lesion in putamen and thalamus suggests hemorrhage.
* LVH with EF of 60%: LVH due to chronic hypertension, EF preserved.

# Mini Case: Cardiac History and Stroke

If the patient were a known cardiac patient and presented with left-sided body weakness, along with a PR of 150 bpm, irregularly irregular, it would raise the concern of a cardioembolic stroke, likely due to atrial fibrillation.

## Key Considerations

* Cardiac history with arrhythmia (like AF) increases risk of cardioembolic stroke.
* Left-sided weakness suggests right-sided ischemic stroke.
* Irregularly irregular pulse implies atrial fibrillation.
* Management includes anticoagulation, rate/rhythm control, and stroke care.
* Further neuroimaging like MRI is advised.

# Original Case Summary

This is a known hypertensive patient for the past 10 years who discontinued medication since a year back, presented with loss of consciousness for the past 3 hours after she was told that her younger brother died. He has fecal and urinary incontinence. Had history of headache since 2 weeks back.

Vital signs:

* BP = 190/110 mmHg, right arm, supine position
* PR = 108 bpm, regular, full in volume
* RR = 21 breaths/min, irregular, deep
* Temp = 37.8°C, axillary
* SpO2 = 94% on room air

Neurological exam:

* Comatose with GCS of 8/15 (E-2, V-3, M-3)
* Fixed and dilated left pupil, normal right pupil
* Facial deviation to the right
* Hypertonic left extremities, Babinski upgoing
* Reflexes 3+ on left, no clonus

CT Brain: 3 x 5 cm hyperdense area in putamen and thalamus.

Diagnosis: Coma secondary to hemorrhagic stroke with left-sided facial palsy.

Management includes:

* Coma care
* NGT feeding
* Antihypertensives
* Close BP monitoring
* Bedside physiotherapy