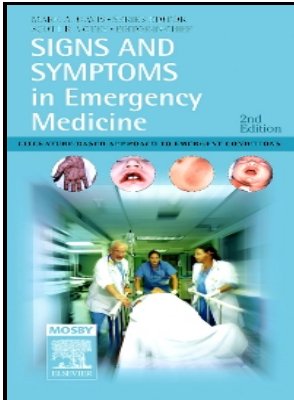


Signs and symptoms in emergency medicine - literature-based approach to emergent conditions

Mosby Elsevier - Signs And Symptoms In Emergency Medicine Literature Based Guide To Emergent Conditions 1e PDF Book



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Emergency medicine -- Handbooks, manuals, etc
Signs and symptoms in emergency medicine - literature-based approach to emergent conditions

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Notes: Includes bibliographical references and index.

This edition was published in 2006



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Signs and symptoms in emergency medicine : literature

In addition to extraocular movements, attention should also be paid to the eye itself, particularly the pupils. External compression from an aneurysm on the other hand directly impacts the peripheral portion of the nerve, which is responsible for pupillary constriction.

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Neuroimaging is needed, preferably MRI to evaluate for early signs of stroke and investigate the posterior circulation.

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Careful evaluation of 3rd and 6th nerve palsies is necessary. Finally, there are a few additional conditions that require additional workup in the Emergency Department.

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While third nerve palsies are often caused by ischemia, approximately 6% of third nerve palsies are caused by a compressive aneurysm. Causes commonly include cranial nerve palsy, ocular muscle dysfunction, or brainstem pathology. Ergo, monocular diplopia can be appropriately managed with an ophthalmological referral and typically does not require neuroimaging.

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See details for additional description. This can help you identify which nerve or extraocular muscle is abnormal and serves as the basis of the rest of our workup. Causes of diplopia in the emergency department: diagnostic accuracy of clinical assessment and of head computed tomography.

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