

Case Scenario #4: Neuroradiology

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CC: "My right side is numb"

HPI: 33 year old female presents after awakening two weeks ago with numbness in her right foot, leg and a bit in her arm. The right foot feels number than the rest of the leg. The buttocks are involved on the right also. There is no back pain and the left leg is not involved. She has always had urinary frequency and this has not worsened. There is no nocturia or other symptoms.

This weekend she felt lightheaded and today feels "disconnected" and is having trouble concentrating.

She has a history of headaches for years. They can occur every day. The pain is frontal and pressure like and achy. She gets phonophobia but no photophobia or nausea. Position does not affect the headache, lying down does help. Aspirin will also help.

She denies diplopia, dysarthria, weakness, or vision loss.

Her mother has a history of stroke.

PMH: Sinus problems, psoriasis, breast augmentation

MEDS: None

ALLERGIES: None.

SH: Single, teaches theater, smokes 4 cigarettes a day, drinks wine and vodka every 2 weeks

FH: Mother with diabetes and strokes

ROS: Non contributory

PHYSICAL EXAMINATION:

VITAL SIGNS:

Height: 5'5''

Weight: 125

Blood Pressure: 100/60

Pulse: 78

Respirations: 16

GENERAL: The patient appears well groomed and is in no acute distress.

HEENT: Normocephalic, atraumatic. There is no injection or icterus in the eyes, mucous membranes are moist, and there are no oral ulcers.

CARDIOVASCULAR: there is a regular rate and rhythm, without murmurs, rubs or gallops. No carotid bruits.

LUNGS: clear to auscultation bilaterally

ABDOMEN: soft, nontender, nondistended, NABS, without hepatosplenomegaly.

BACK: No costovertebral angle tenderness or tenderness with palpation of spine.

JOINTS: no erythema, redness, or swelling. Full range of motion is present in all joints.

EXTREMITIES AND SKIN: no clubbing, cyanosis, edema, or ecchymosis; Psoriatic plaques over elbows.

NEUROLOGIC:

MENTAL STATUS:

normal orientation, speech and language (naming), attention/concentration (on tasks), recent/remote memory, and fund of knowledge for social situation

CRANIAL NERVES:

II: PERRL bilaterally, VFFC, no papilledema. No RAPD or optic pallor.

III,IV,VI: Extraocular movements are full without nystagmus.

V: Normal facial sensation and strength of muscles of mastication.

VII: Facial movements are symmetric. No weakness..

VIII: Hearing equal to finger rub bilaterally

IX/X: Gag normal, palate symmetric

XI: Sternocleidomastoid and trapezius are normal. No weakness.

XII: Tongue midline without atrophy or fasciculations.

MOTOR:

Tone: normal

Bulk: normal

Rapid alternating movements: normal bilaterally

Strength: 5/5 bilat upper and lower extremities

SENSATION:

Pin: decreased to mid or upper calf on the right and to just above the wrist on the right.

Temperature: normal

Proprioception: normal

Vibration: reduced right foot

MUSCLE STRETCH REFLEXES:

Reflexes are brisk and symmetric in the upper and lower extremities. Plantar responses are probably flexor bilaterally.

COORDINATION:

Finger to nose test performed without dysmetria. Rapid alternating movements were normal. Heel to shin is normal.

GAIT AND STATION:

Normal gait and station. Walks on heels, toes and performs tandem without difficulty.