

CASE REPORT

R1吳冠蓉/V.S楊毓錚
103.06.03

Case 1-Basic data

- Gender: 74-yo male
- DAY1 13:08 pm
- C/C: 頸背關節疼痛/今天拉肚子
- TPR: 37.1/67/18 BP:163/74
SpO₂: 96% GCS: E4V5M6
- Triage: 3

Present illness

- Left neck soreness with pain since this morning(12點多)
- 忽然四肢無力, 無法說話, 目前也仍 dysarthria
- Diarrhea 2 times

History

- Medical hx: DM, dyslipidemia
- Allergy: NKA

Physical Examination

- Consciousness: E4V5M6, clear
- HEENT: Pupil(2,2); L/R(+,+), neck supple
- Chest: clear BS, RHB
- Abdomen: Soft, no guarding, hyperactive bowel sounds
- Extremities: limbs weakness, could not move; MP: all<3

Impression

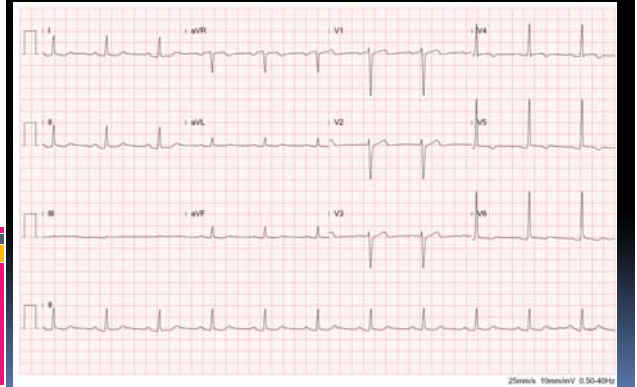
- General weakness, r/o CVA related, r/o electrolyte imbalance

Order DAY1 13:13am (0hr5min)

- 四肢BP
- F/S (141)
- CBC/DC/PLT
- PT/APTT
- AST, Cr, Na, K, BUN, Glucose
- VBG6
- 啟動tPA
- EKG, CXR
- Brain CT
- N/S run 6oml/hr
- Consult Neuro

pH	7.392
pCO ₂	45.8
pO ₂	65
BE	3
HCO ₃	27.8
TCO ₂	29
SO ₂	92%
NA	143
K	3.8
HB	12.9
HCT	38

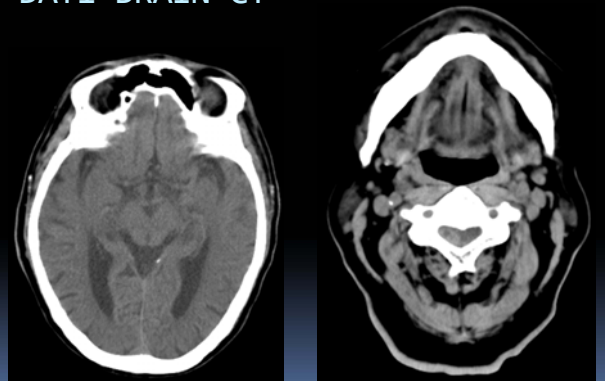
DAY1 ECG



CXR DAY1



DAY1 BRAIN CT



Neuron consultation 13:24(16min)

- No headache, no trauma
- 中午12點多起床, 人都OK
- 12:30左右, sudden shoulder/back pain, four limbs weakness
- No dizziness, no obvious slurred speech

CT showed C3-4 hematoma, right with cord compression, AVM should be excluded → Consult NS

Muscle power



DTR



DAY1 lab

檢驗項目名稱	檢驗值	檢驗值單位	最小參考值	最大參考值	Ht,Lo值	前次檢驗值
WBC	6.5	×1000/uL	3.8	10		14.9
RBC	4.69	10 ⁶ /uL	4.5	5.7		5.44
Hb	11.8	gm/dL	13	18	*L	14.1
Ht	37.0	%	40	54	*L	43.0
MCV	78.9	fL	81	98	*L	79.0
MCH	25.2	pg	27	32	*L	25.9
MCHC	31.9	g/dL	32	36	*L	32.8
RDW	14.1	%	11.5	14.5		14.2
Platelet	206	×1000/uL	140	450		293

檢驗項目名稱	檢驗值	檢驗值單位	最小參考值	最大參考值	Ht,Lo值	前次檢驗值
PT	9.6	second	9.4	12.5		11.3
Normal control	10.4	second				32.8
INR	0.93	Ratio	0.8	1.2		1.06
APTT	33.1	second	28.6	38.6		33.1
Normal control	33.4	second				32.8
APTT ratio	0.99					

DAY1 lab

檢驗項目名稱	檢驗值	檢驗值單位	最小參考值	最大參考值	Hi,Lo值	前次檢驗值
Glucose	141	mg/dL	70	110	*H	93
GOT(AST)	15	U/L	5	35		15
BUN	20	mg/dL	7	25		20
Creatinine	0.9	mg/dL	0.5	1.3		0.81
Na	139	meq/L	133	145		138
K	3.8	meq/L	3.3	5.1		4.3
eGFR	82.49					93.41

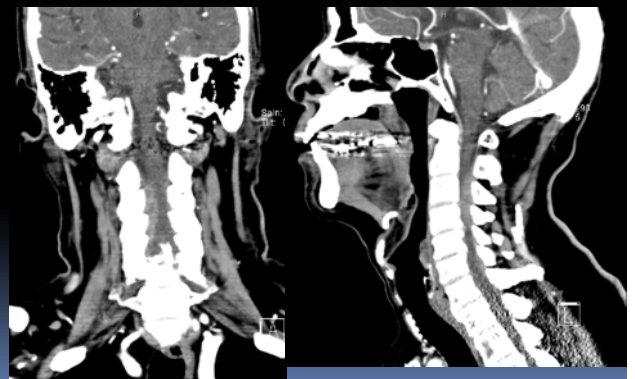
NS consultation 13:50

- Suggest mega-dose cortisol steroid use 30mg/kg (pt:70kg)
- Solu-medrol 2100mg IV ST>30min, then do C-spine contrast CT

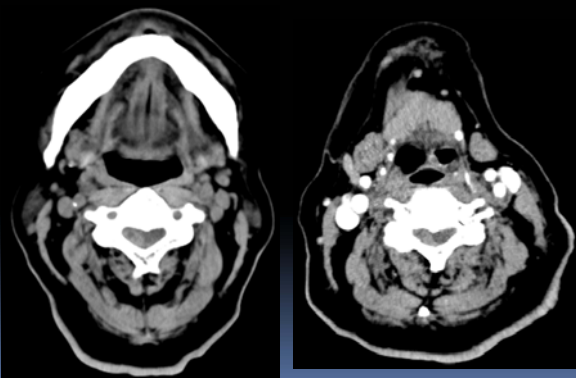
Order

- 13:37 (29min)
- Consult NS
- 13:50 (42min)
- Solu-medrol 1200mg IV ST>30min
- C-spine CT with contrast
- On monitor

DAY1 C-SPINE CONTRAST CT



WITHOUT C V.S WITH C



order

- 14:18 (1hr10min)
- Morphine 4mg IV ST
- 15:39 (2hr31min)
- Prepare OP
- Sent Pt to OR on call
- Admission to NICU post-OP
- 16:53 (3hr 45min)
- sent Pt to OP

Admission course

- Tentative diagnosis:
 - Spine C2-3-4-5 EDH
 - Cervical myelopathy with quadriplegia

Hospitalization

- **OP method:** posterior approach for laminectomy C2-5
- **OP finding:** tortuous tubular structure with hematoma over epidural area from C2 to C5
- **Pathology:**
 - Spinal cord, epidural → **Arteriovenous malformation**

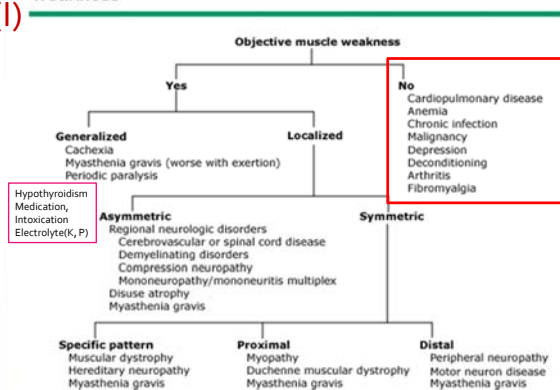
Discharge DAY12

- Diagnosis:
 - Spine C2-3-4-5 EDH, AVM rupture s/p posterior approach laminectomy and AVM excision
 - BPH with acute urine retention
- Discharge Condition: E4V5M6; MP: all 5

Discussion

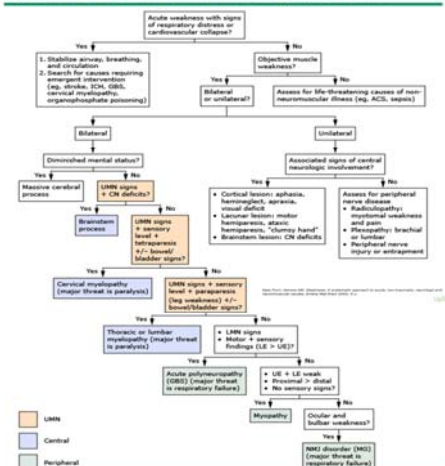
1. APPROACH TO GENERAL WEAKNESS 2. SPONTANEOUS SPINAL EPIDURAL HEMATOMA

Approach to the adult patient with the complaint of weakness



UpToDate

Approach to the adult with weakness in the emergency department



(1) BILATERAL WEAKNESS
IMPORTANT QUESTIONS TO CONSIDER

- Is mental status depressed?
- Which limbs are involved?
- Is there sensory involvement?
If so, is a sensory level deficit suggested?
- Is there bladder involvement?
- Does weakness primarily involve proximal/distal muscles?
- Are there bulbar signs?
(involving tongue, jaw, face, or larynx)
- Does the degree of weakness fluctuate?

SSEH Introduction

- Incidence: 1/1,000,000
- M>F(4:1); child or 50~60 y/o; elderly
- Dorsal spine, C-T spine
- Cause:
 - hypertension, anticoagulation, elevated venous pressure, pregnancy, labor, vascular malformation, elderly
- Back/neck pain, compressive myelopathy symptom

SSEH Treatment

- high-dose methylprednisolone when spinal cord compression is involved
- Surgical intervention

A Case of Spontaneous Spinal Epidural Hematoma Mimicking a Stroke

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The Neurologist

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- 63 y/o man dysarthria and transient altered mentality
 - severe pain in his neck and left shoulder
 - Left limbs weakness, fluctuated right leg weakness
 - pinprick and temperature loss at bilateral leg and left upper limb
- Initial impression: ischemic infarction of the brainstem and spinal cord accompanied by vertebral artery dissection → tPA