



4/20/26 Mainstream Monday with @CPSolvers



"One life, so many dreams" Case Presenter: Mohammed(@ZubaidiK20713) Case Discussants: Ethan(@e_chiu17) & Magnus
<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Lukas)
CC: 70 yo f p/w dizziness and low back pain

HPI: Hx of recent fall at home due to possible prior dizziness with consecutive back pain afterwards. Medical attention was not sought until she had progressive difficulty to get up from sitting/lying positions. Now presenting to the ED for evaluation.

ROS: intermittent dizziness for 2 weeks, no leg pain urinary incontinence or change in sensations, no fever, SOB

PMH:
 HTN
 Dyslipidemia
 Sick Sinus Syndrome (past intermittent pacemaker)
 HFpEF
 Migraine
 Paroxysmal aFib
 Gout
 OA

PSH:
 Hx of hysterectomy + surgery for SBO

Meds:
 Warfarin
 Nitroglycerin
 Valium
 Metoprolol
 Omeprazol
 Torsemide
 Acetaminophen

Social Hx: —

Allergies: —

Vitals: T: 36.5 HR: 86 BP: 111/45 RR: 16 Sat: 97%

Exam: Gen: alert oriented, no jaundice.
HEENT: anicteric
CV: normal heart sounds, no murmurs. Orthosis exam negative
Pulm: nl **Abd:** nl
Neuro: tenderness in spine (esp. lumbar/cervical)
Extremities: bilateral pitting edema, multiple bruises in the lower limbs

Notable Labs & Imaging:
Hematology: WBC: 6.9 Hgb: 9,1 Plt: 225 MCV:81
Chemistry:nl
Imaging:
 EKG: atrial paced rhythm CXR: nl
 Lumbar X-Ray: L2 compression fracture + deg. changes

Course:

- admitted to orthopedics, pain control medication; waiting for spine CT; in the night she didnt took betablockers, felt dizzy again, CP but ECG normal Sys Drop -> 60-70; HR -> 150/min
- monitored on CCU -> i.v. Diltiazem started -> 110/min; no sinus rhythmus, BP increased Next day bl wheezing, tachypneic + Cr -> 1,1 -> 2,6 mg/dL ; blood cultures negative; i.v. fluids + gentle lasix started; Urine output improved for 24h; conversion into sinus rhythm
- transfer to normal ward -> Afib again with RVR: 130, spontaneous conversion Amiodaron intolerance in PMH, Dronedaron + Metoprolol administered

CT-Spine: L2 superior endplate fracture, no spinal hematomas
 Recomm: lumbo-sacral brace

Dx: L2 superior endplate fracture + Afib/decompensated HF

Problem Representation:
 70 yo f with HFpEF, HTN, paroxysmal aFib, status post SSS p/w subacute dizziness and recent fall/trauma with progressive weakness complicated by recurrent episodes of Afib found to have L2 uncomplicated vertebral fracture

Teaching Points (Glen)

- Dizziness:** timeline? Nature (intermittent vs continous) Associated symptoms (nystagmus etc)
- Back Pain:** Look for red flags(inflammation, malignancy, dissection, neurological deficits)
- History of trauma:** could explain back pain accompanied by dizziness or severe dizziness due to cardiovascular compromise leading to fall. Exam and EKG will help. History of sick sinus syndrome could increase chances of syncope and fall.

- Medications:** BP meds could cause orthostatic hypotension, warfarin could cause bleeding and hematomas
- Wide Pulse pressure:** Aortic root abn, severe anaemia
- A fib:** Due to underlying pathology like sepsis. Rate control could worsen low BP and prefer rhythm control.
- Possible Shock:** Septic vs cardiogenic(ACS, Valve abn, pericardium abn), Echo would help.