7/29/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Krishi* ***Case Discussants****: Sharmin & Reza*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Hans):

CC: 79 y/o male p/w transient loss of consciousness and a fall with head strike.

HPI: During the last few days, noted more urine. Started weight loss program for a trip. On the morning of presentation, he got up from bed and felt light headed. Then complete numbness on left side of body face arms legs. Was able to move but felt slightly less coordinated. Felt strong urge to urinate went to bathroom and passed out. Was found on floor by wife. No tongue bite no uncoordinated moves.

PMH: Recurrent subdural hematomas
Paroxysmal AFIB
PEs
DM2 HTN, HLD
Asthma,
Hypercalcemia
GERD

Meds:
Atorvastatin
Telmisartan
Tadalafil
Esomeprazole
Vitamin D, B12, Ca citrate

Vitals: T: 36.7 **HR** 87 **BP**:160/88 **RR**:16 **Sat**:98 **BMI**:
Orthostatic BP 148/78 HR 88
Bedside PCUS No JVD LV function normal, no RV dilation
Exam: Neuro: nl

Notable Labs & Imaging:

Hematology: WBC:8.7 Hgb 13.4: Plt: 211 MCV: 91

Chemistry:
Na: 13.4 K: 4.1 Cl: 99 HCO323: Ca:8.1 Mg: 1.7 Cr: 1.24 Glu: 168
AST: 24 ALT:21 ALP: 86 T. Bili:0.7 T. protein: Alb: 3.6
D-dimer 2.26 |INR 1.0 |PT 13.1 | aPTT 29 | Lactate 1.4
A1c 7.3 Serum Osm 269
PVR 54ml UA normal

Imaging:
Echo:Normal
EKG: sinus rhythm no strain pattern brief PVCs. on telemetry
CT Head: Subdural hematoma 4mm fronto-temporal
Serial head CTs were normal. Neuro consult agreed to anticoagulation.
CT C-spine: Degenerative disc changes
CT PE: Acute segmental subsegmental PE in both lobes
CT A/P: normal, IVC filter
LE Duplex: DVT non-occlusive in right popliteal vein

Dx: Multifactorial syncope with volume depletion (orthostatic syncope)

Problem Representation: 79 y/o m w/ frequent p/w another fall and subdural hematoma/
PMH significant for AFIB PE, DVT DM2, HLD, IVC implanted
PE was significant for orthostatic Hypotension.
Dx. Multifactorial syncope orthostatic.

Teaching Points (Eyron)

[S of Transient LOC]
Syncope
Seizure
Sugar (low)
Stroke
(S)cyclogenic

[Causes of Syncope]
Cardiac vs. Orthostatic vs. Reflex-mediated
Look for clues in the history to point to a culprit

[Recurrence in the PMHx]
Subdural hematomas - suggests recurrent falls or underlying non-traumatic cause
Pulmonary embolism - suggests underlying cause e.g., malignancy, hematologic disorder

[Concurrent Clot + Bleed]
Risk stratify the pulmonary embolism - PESI score
Consider risks/benefits of anticoagulation vs. alternative management