9/2/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Zachary R.* ***Case Discussants****: Dr. Helen Shi & Aye*

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

Scribing (Hans):
CC: 42 y/o f p/w a pounding HA for 6 weeks
HPI: Pt also reports pulsatile tinnitus , dizziness, nausea, photophobia, and a feeling of faintness Additionally, the pt experienced one sensation of crossed eyes. When these occur, she closes one eye which helps alleviate the crossed eyes. She denies confusion vision loss, or brain fog. She didn't have her most recent period.
ROS:
Pulsatile tinnitus +, crossed eyes +, pounding sensation in head, no typical HA, brain fog -, LOC -, TVL -

PMH:
Herpes simplex virus 2
HTN

Meds:
Amlodipine
Vit D and B
Valacyclovir

Fam Hx: HTN. unknown eye dz in parents

Social Hx:

Health-Related Behaviors: Former smoker no drug use
Has pet hamster
Surgical Hx: Liposuction, Ovarian cyst removed
Allergies: Ibuprofen

Vitals: T: **HR**:64 **BP**:135/87 **RR**: **Sat**: **BMI**: BMI 34.2
Exam: Gen: AAOx4
HEENT: All wnl.**CV**:
Pulm:
Abd:
Neuro: Visual acuity 20/20, PERRL w/o ADP (auditory processing d/o) Intraocular pressures 20 , 17, Pt was AO x4 Sensorimotor wnl Extraocular motility normal.
Extremities/skin: wnl

Notable Labs & Imaging:
Hematology:normal
Chemistry: normal

Slit Lamp: Grade 3-4 papilledema in OD and grade 4 papilledema in OS
Visual Field as shown in photos.
OS: Temporal central /paracentral defect Moderate reliability baseline
OD: Diffuse generalized depression, superio, nasal step and superior paracentral defect pattern
OCT:
OD Elevated Retinal Nerve Layer (RNFL) Full Ganglion Cell count
OS: same.
OCT (Optical Coherence Tomography):No reduction in ganglion cell count

Imaging: MRI head w/o contrast no mass seen
MRV Right areas of focal stenosis along the transverse sinus w/ granulation
Left: long segment narrowing of transverse sinus w/ focal intrinsic stenosis in the proximal sigmoid sinus 2/2 granulation.
Tx: Ventricular venous sinus shunt VSS: Symptoms resolved

Dx: IIH (pseudotumor cerebri) d/t multiple regions of venous sinus stenosis.

Problem Representation: 42 y/o f w/ pounding HA for 6 weeks. In her HPI she mentions a pounding HA and pulsatile Tinnitus . PMH HTN and Herpes Virus 2 infx. BMI 34.2 and HTN on Amlodipine . PE was unremarkable . Slit lamp revealed papilledema in both eyes. MRV revealed areas of focal stenosis along transverse sinus 2/2 granulations.

Teaching Points (Ramaswamy) Approach to headache - R/o red flags - new vs long-standing; U/L vs Holocranial; Aggravating factors - worse w lying down, pressure (sneeze, cough); Relieving factors - medications (duration on medications) ; Associated symptoms - Seizure, confusion, FND; Qs - Onset (time course - gradual vs sudden) helps SAH v (-) SAH
-Primary vs secondary headache - Primary *-> 1) Migraine 2) Tension 3) Trigeminal*
-Secondary *-> 1) Infection 2) Blood in brain (SAH, IPH, SDH) 3) Pressure (raised ICP)*
Approach to CNS symptoms **- - w/ pulsatile tinnitus (whooshing/washing machine) - inc. ICP** - dramatic ICP inc ->vomiting, decreased levels of alertness, FND, CN6 palsy; Non dramatic inc ICP - Pulsatile tinnitus + vision (blurred vision)
-Dizziness - Lightheadedness vs vertigo (central vs peripheral); - **Nausea** - migraine - moderate to severe intensity -> 3-72 hours + photo+phono+nausea ; Nausea -> can also be from Inc ICP. ; **Photophobia** -> migraine but also meningeal irritation; - **Diplopia** - CN3,4,6 palsy vs muscle vs NMJ ; CN 6 - false localizing sign in raised ICP - due to long course (Pons -> Dorello's Canal -> cavernous sinus -> LR) ; due to tethering at Dorello's canal , raised ICP -> causes stretching of CN 6 -> crossed eyes
Herpes infection prior -> HSV-1 => CN5 => Encephalitis; HSV -2 reticulitis/myelitis
HTN - PRES - white matter changes , RCVS {recurrent thunderclap headaches unlike SAH which is once}{pseudoephed}; **MAH** - Medication overuse headache -> Ibuprofen, opiates -> daily or >5 doses/week; *Ibuprofen -> aseptic meningitis*
Obesity -> ICH - Vit A sppl/Tetracycline Abx/PMOS
IOP vs ICP vs Systemic pressure -> IOP - glaucoma; optic disc edema => from anterior optic nerve (blurred vision, low vis acuity, color issue) {PE - edema/pallor}
Approach to B/L optic disc edema -> Papilledema only after ICP check
DDx -> IIH (PMOS+BMI + vitA); Rapid weight loss -> worsening of prior IIH in patients with obesity; ? Threat to vision ->Pt sent to ED -> ***Papilledema protocol*** *(MRI Brain +/- contrast MRV +/- contrast ; Neuro oph, neuro consult; LP)*
IIH -MRI - Pituitary sitting there normally-> pressed against sella and squashed; normal venous flow ->venous sinuses -> IJV; Stenosis of sinuses 2/2 pressure; Erode skull base, herniation, seizure; or stenosis of sinuses -> increased pressure (may require stenting to Rx ICP); **IIH Dx** - >25cm H20; Rx - Diamox, Lose 10% body weight; OSA; Seq-> blindness