

NEUROLOGIC CASE STUDY

PATIENT PROFILE

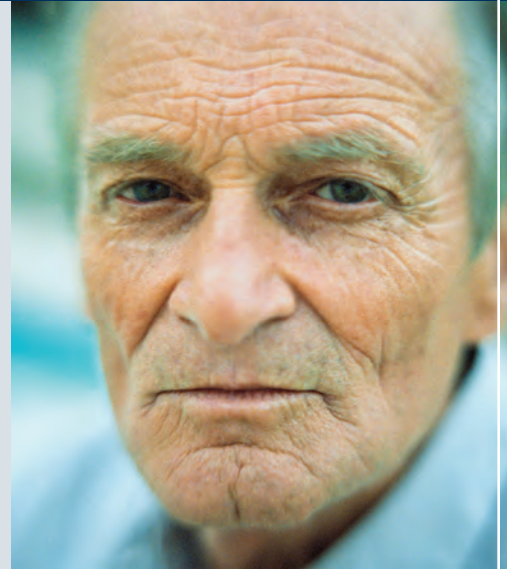
Patient: Male age 77 who is 50 pounds overweight and leads a sedentary life. He has poor sleep habits and complains of considerable daytime fatigue. His wife reports that he snores considerably and at times appears to gasp for breath while sleeping. He has a medical history of hypertension, hyperlipidemia, non-insulin dependent diabetes and former tobacco use (he stopped smoking approximately 10 years ago).

Symptoms: The patient was asymptomatic neurologically until he awoke one morning with slurred speech and the inability to move his right arm. Prior to this event, he was fully compliant with his medications, including 81 mg of Aspirin daily. After being admitted at the local ER, a brain CT scan, electrocardiogram, and bloodwork revealed no significant abnormalities. Apart from his slurred speech and weakness/clumsiness in the right arm, the patient denied headaches, visual disturbances, dizziness, difficulties with comprehension, or symptoms involving his right leg. He also reported normal sensation in his upper extremities.

Diagnosis: The patient was admitted to the hospital for evaluation of possible stroke, where a neurologist examined him and found weakness and clumsiness in his right arm as well as the lower right half of his face. His speech was slurred and his reflexes were diminished. A brain MRI disclosed a new/acute stroke in the deep part of the left side of the patient's brain, which contains the neurons responsible for movements of the face and extremities.

TREATMENT

The patient had his Aspirin increased to 325 mg daily. He began physical and speech therapy, and was discharged from the hospital to a rehabilitation center, where he remained for two weeks before returning home. All of his various medications were continued at the previous dosages and frequencies apart from the increased dosage of Aspirin. He was instructed to lose weight and engage in a regular fitness program. He was also instructed to report to his primary physician any further symptoms suggestive of stroke (which were reviewed with him by the neurologist).



DISCUSSION

This case is typical of an individual presenting with an ischemic stroke involving a small artery supplying blood to the motor pathways of his brain. This is specifically due to atherosclerotic disease, for which the patient has several medical conditions that increased his risk. It is likely that the patient also has obstructive sleep apnea syndrome, which is known to increase the risk of stroke.

The following statistics offer additional insight:

- Stroke is a leading cause of death and disability in the United States.
- One of every six Americans will have a stroke annually.
- There are 750,000 new cases of stroke every year.
- Stroke is most common after the seventh decade of life.
- Stroke is a term that actually includes both ischemic and hemorrhagic types. The first is due to a blockage of an intracranial artery (due to an embolus originating from the heart or neck artery), or to gradual reduction in the size of an artery (due to atherosclerotic disease). The second is caused by rupture of an artery (because of elevated blood pressure or due to an abnormality involving the artery, such as an aneurysm). Approximately 85% of all strokes are ischemic in type.

The best way to reduce the risk of stroke is to:

- Maintain a healthy weight
- Avoid cigarette smoking, excessive alcohol consumption, and illicit drugs (such as Cocaine)
- Maintain normal blood pressure
- Avoid foods which may increase the risk of diabetes and hyperlipidemia (your physician is the best guide for this)
- Note that some risk factors are not modifiable, such as a genetic predisposition to high cholesterol or coagulopathy.

For questions or further discussion of the findings in this case study, or to refer a patient to Dr. Mednick, please call (203) 234-1993 or visit www.CTCompNeuro.com.



Since 2003, Dr. Mednick has provided outstanding neurologic care to the people of North Haven and the surrounding area. He is board certified and is the only neurologist in the area with both an MD and PhD, and extensive fellowship training in stroke, emergency neurology and seizure disorders.

Dr. Mednick's expertise enables him to analyze neurologic conditions with great accuracy. The result is a more insightful diagnosis and a highly effective, targeted treatment plan.

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