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Hospital Visit HPI – Internal Medicine (Stroke unit)

CC: "Blurry vision on right eye " x 2 days

HPI: An 82-year-old right-hand dominant male, with a medical history notable for a CVA in 01/2023 with no residual effects, atrial fibrillation (Afib) controlled on Eliquis 2.5 mg, and a Watchman pacemaker, presented to the stroke unit with a recent complaint of transient right-eye blurry vision that occurred 2 days ago. The episode occurred suddenly while the patient was seated at the computer at home, prompting his wife to promptly call 911. During this episode, the patient also reported numbness in his right forearm, extending to the bottom of his wrist. Patient notes that within 2-5 minutes of sitting up straight, his right-eye vision spontaneously returned to normal, and the numbness in the right forearm disappeared before the arrival of emergency medical services (EMS). Throughout the episode, the patient denied taking any medications and reported no other associated weakness or sensory changes. Notably, in his previous stroke, the patient had experienced bilateral vision loss. Pt was first seen in the ED, where the stroke team was consulted with a NIHSS score of 0 and stat ASA 325 mg was started. Currently, he denies any new or worsening vision loss or other neurological deficits. There is no focal weakness, slurred speech, or facial droop reported.

Past Medical History:
-HTN -controlled with rx
-Hypercholesterolemia - controlled with rx
-Benign prostatic hyperplasia - controlled with rx
-Hx of CVA (01/2023)
-Erectile dysfunction - controlled with rx
-Immunizations: Up to date on all immunizations

Past Surgical History:
-Placement of watchmen - 2023
-Cholecystectomy - 2008

Medications:
Atorvastatin 40 mg QD
Calcitriol 0.25 mg QD
Eliquis 2.5 mg QD
Enoxaprin 40 mg QD
Tamsulosin 0.4 mg QD

Sodium chloride 60 mL/hr

Allergies:
-NKDA
-Denies food allergies
-Denies environmental allergies

Family History:
-Paternal/maternal grandparents, deceased, unsure of age or their medical history
- Unable to get parents' age but denies any family history of stroke.

Social History:
Status - Pt is married and lives with wife at home.

Occupation - Retired

Habits - Admits to “caffeine” intake with 1 coffee drink daily.

Smoking - Denies any history of smoking or known exposure to secondhand smoking.

Illicit drugs - Denis any substance abuse.

Alcohol - Denis any alcohol drinking.

Diet - Pt is currently on a cardiac diet.

Exercise - Pt denies any exercise at home.

Sleep - Pt states he gets a good amount of sleep every night, about 7-8 hours. No issues noted.

Travel - Denis any recent travel.

Sexual - Denis any current sexual activity due to Erectile Dysfunction.

Immunizations
-Up to date with all childhood immunizations
-Up to date COVID-19 Moderna vaccines with NO boosters.
-Up to date with Influenza vaccine.

Review of systems:

General - Denis weight loss, night sweats, fever, chills, weakness.

Skin, Hair and Nails - Denies skin, hair, nail changes, discolorations, pruritus, or new moles.

Head - **Admits right sided headaches.** Denies vertigo, head trauma.

Eyes - **Admits right eye blurry vision.** Denies photophobia, dryness. Last eye exam- 2022

Ears - Denis hearing aids, deafness, tinnitus, pain, discharge.

Nose/sinus - Denies pain, discharge, epistaxis, difficulty breathing.

Mouth/throat - Denies sore throat, ulcers, bleeding gums, lesions or use of dentures. Last dental exam - unknown

Neck - Denies any localized swellings, masses, or decreased range of motion.

Breast - Denies any pain, masses, nipple discharge, gynecomastia, or other changes.

Pulmonary system -Denies cough, dyspnea, asthma, wheezing.

Cardiovascular system - Denies chest pain, chest tightness, palpitations, syncope or lower leg edema.

Gastrointestinal System - Denis abdominal pain, nausea, vomiting, dysphagia, diarrhea, or rectal bleeding.

Genitourinary system - Denis dysuria, urinary frequency, urinary urgency, testicular swelling, flank pain or oliguria.

Menstrual/obstetrical – Not applicable to patient.

Nervous - **Admits to right forearm numbness.** Denies seizures, sensory disturbances or ataxia.

Musculoskeletal system - Denies swelling, arthritis.

Peripheral vascular system - Denies any known skin changes or ulcers.

Hematologic system - Denies any hx of anemia, abnormal bleeding, easy bruising.

Endocrine system - Denies heat intolerance, goiter or excessive sweating.

Psychiatric - Denies anxiety and depression or suicidal ideations.

Physical
General: 82 y/o M sitting upright at 90 degrees on hospital bed on room air, A&Ox3 (person, place, time), afebrile, responding to questions with no issues, appears stated age and in no acute distress.

Vital Signs
BP: Seated: R:159/86 mm/Hg
RR: 14 breaths/min, unlabored, regular rhythm
Pulse: 62 beats/minute, regular
Temp: 98.7 F, oral
SPO2: 96% room air
Height: 5'8"
Weight: 210 lbs
BMI: 31.9

Skin: Skin was pink, warm & moist with good turgor. Non-icteric in nature. Normal body temperature.

Hair: Grey hair color, normal texture, distribution, and quantity noted.

Nails: Capillary refill on nails was under 2 seconds. No clubbing, erythema, swelling, lesions were noted.

Head: Normocephalic, atraumatic and nontender on palpation.

Eyes: **Right side hemianopsia noted on visual fields exam**. PERRLA, EOMs intact with no strabismus, exophthalmos, or ptosis. Sclera was white, cornea clear, conjunctiva pink and clear.
Visual acuity uncorrected - 20/20 OS, 20/20 OD, 20/20 OU
Fundoscopy - Red reflex intact OU. Cup to disk ratio < 0.5 OU. No AV nicking, papilledema, hemorrhages, exudates, or neovascularization OU

Ears: Symmetrical and appropriate in size. No lesions or trauma on external ears. No discharge or foreign bodies in external auditory canals AU. TM's grayish-white, intact, cone of light in normal position AU. Auditory acuity intact to whispered voice AU. Finger rub test demonstrated intact auditory acuity. Weber midline, Rhinne showed AC>BC B/L. (Done on roommate)

Nose: Symmetrical nares. No masses, lesions, trauma, discharge. Nasal mucosa pink. No foreign bodies or nasal septal hematoma noted b/L.

Sinuses: Nontender to palpation and percussion over bilateral frontal, ethmoid, and maxillary sinuses.

Lips: Pink, moist, no cyanosis, cheilitis or lesions. Non-tender to palpation

Oral mucosa: Pink and dry. No masses or lesions. No leukoplakia. Non-tender to palpation

Palate: Pink and well hydrated. Palate intact with no lesions, masses or scars. Continuity intact.

Teeth: No signs of loose teeth, visible tooth decay noted.

Gingivae: Pink and moist. No hyperplasia, masses, lesions, erythema or discharge.

Tongue: Pink and well papillated. No masses, lesions or deviation noted.

Oropharynx: Well hydrated. No injection, exudate, masses, lesions, foreign bodies of any kind noted. Uvula is present. Tonsils are present.

Neck: Trachea midline. No masses, lesions, scars; pulsations noted. Supple; non-tender to palpation. No carotid artery bruit. No cervical adenopathy noted.

Thyroid: Non-tender, no palpable masses, no thyromegaly.

Chest - Anterior/posterior chest appears symmetrical in nature. No deformities or trauma noted. Respirations unlabored with no signs of paradoxical respirations or use of accessory muscles noted. Lats to AP diameter 2:1. Non-tender to palpation throughout

Lungs – No Adventitious sounds noted. Regular rate, rhythm, depth and effort of breathing. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus symmetric throughout. Negative bronchophony, egophony, or whispered pectoriloquy.

Heart: Regular, rate, rhythm (RRR). S1 and S2 are present. No splitting of S2 or friction rubs appreciated. Carotid pulses are brisk 2+ bilaterally without bruits. JVP is 3 cm above the sternal angle with the head of the bed at 30 ° .The PMI is tapping, 1 cm lateral to the midclavicular line in the 5th intercostal space.

Abdomen: Abdomen is flat and symmetric with no pulsations noted. Bowel sounds hypoactive in all four quadrants with no aortic/renal/iliac or femoral bruits. No hepato-splenomegaly to palpation, no CVA tenderness appreciated. Percussion in all four quadrants are tympani in nature. Light and deep palpation over all four quadrants with negative TTP, guarding or rebound tenderness. Negative tenderness to palpation at McBurney's point. Neg Rovsing sign, no guarding, no rebound tenderness. Negative Murphy's sign.(Done on roommate)

Breast: Not applicable

Female genitalia: Not applicable

Male Genitalia & Hernias: Uncircumcised male. No penile lesions, discharge, discolorations. No scrotal swelling, masses, or discolorations. Testes are smooth and without masses. Nontender epididymis. No inguinal or femoral hernias.

Anus, rectum, & prostate: No perirectal lesions or fissures. External sphincter tone intact. Rectal vault without masses. Prostate smooth and nontender with palpable median sulcus. Stool brown; no fecal blood.

Neurologic: Mental status: Pt is alert and oriented to person, place and time. Cranial nerves II-XII intact. Recent and remote memory is intact, attention, abstract thinking, and new learning ability are intact. Good muscle bulk and tone with strength 5/5, no fasciculations. Cerebellar: Rapid alternating movements, finger to nose intact. Gait includes normal stride, on toes, on heels, and tandem walking intact. Negative Romberg and Pronator Drift. Sensory- Pinprick, light touch, graphesthesia, stereognosis, position and vibration intact bilaterally.

Reflexes:

	Bicep	Tricep	Brachioradialis	Patellar	Ankle/Achilles	Babinski
Right	2+	2+	2+	2+	2+	Absent
Left	2+	2+	2+	2+	2+	Absent

Differential Diagnosis

1. **Transient Ischemic Attack (Amaurosis fugax):**

Given the patient's history of a previous stroke (CVA in 01/2023) and the sudden onset of symptoms that spontaneously resolved, this could be indicative of a TIA. TIAs are brief episodes of neurological dysfunction caused by temporary ischemia (lack of blood flow) to a specific part of the brain and this fits the description.

2. **Embolism from Atrial Fibrillation (Afib):**

The patient has a history of Afib and is on anticoagulant medication (Eliquis). However, despite the medication, there might still be a risk of embolism, leading to transient neurological symptoms. It also may be due to inadequate or missed doses of Eliquis or ineffective watchmen.

3. **Migraine headache with aura:**

This patient reported having initial right sided vision loss and right sided headaches. Unilateral headaches are common in migraines and fits the description. Patient also experienced right forearm numbness that may be considered an aura before having the onset of a migraine. Also migraines with aura are more prone to developing strokes.

4. **Optic neuritis:**

Given the patient's symptoms of transient vision loss, optic neuritis can be considered. A Little more difficult to be convinced of them having this disease since it's closely linked to multiple sclerosis and this patient does not have a history of it. It is also rare.

5. **Vascular Stenosis:**

Considering the age and past medical history, there could be vascular issues such as stenosis in the arteries supplying blood to the brain. An episode of reduced blood flow to the right eye and forearm could result in transient symptoms.

Assessment:

82 y/o right hand dominant M with a PMH of CVA (No residual effects present), AFIB on eliquis, permanent pacemaker, HTN, BPH presents to stroke unit c/o of transient right eye blurry vision lasting 2-5 minutes with associated right sided headaches x 2 days. Currently, the patient is showing signs of right hemianopsia. Pt denies any other symptoms at this time.

Plan:

Continue current medical management with reassessment neuro checks for the next 1-2 days. Suspicion of watchmen not working so need to assess with a transesophageal echocardiogram. Reassess with EKG for heart function, labs (CBC with diff, lactate, CMP) and thorough physical exam as treatment progresses. Check for any new stories using a CTA and MRA

Patient education

Assessed and explained throughout the stay in the stroke unit. Once discharged, explain to patients their current health status and advise them to come back or call 911 if any new symptoms appear.