

Case 25

A 16 year-old presents to her pediatrician complaining of monthly episodes of double vision, vertigo, and bilateral consciousness. The symptoms come on over the course of 5-10 minutes and resolve within an hour. About a half hour after the symptoms start she develops severe pulsating occipital head pain that lasts for 10 hours and resolves with sleep. She has photophobia and phonophobia with the headache. The attacks have been occurring for the past three years and have not changed. They are most likely to occur with her menstrual period. Her mother and sister get similar attacks. Neurological examination is normal.

1) Summarize the case briefly, including neuroanatomic localization and pathogenesis.

2) What is the most likely diagnosis? Name 1-2 alternative diagnoses, and discuss briefly why these are less likely.

3) What additional information (history, exam, laboratory or other studies, consultations) would you obtain? What laboratory findings would you expect if your most likely diagnosis is correct?

4) Assuming your most likely diagnosis is correct, how would you manage this patient? Include doses for one medication you might prescribe, along with an estimate of the cost of a month of your proposed therapy. How would you counsel the patient about her condition and about any proposed therapy?

Case 29

A 9-month old previously healthy baby girl is brought to the emergency room obtunded. Her mother reports that the baby was fine that morning when she left her with her boyfriend to go to work. The boyfriend reports that the baby began vomiting that afternoon, and then became too lethargic to feed. On examination the infant is afebrile with a pulse of 70, her anterior fontanelle is bulging, and she is unresponsive with her eyes deviated downwards.

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3) What additional information (history, exam, laboratory or other studies) would you like to obtain? What laboratory findings would you expect if your most likely diagnosis is correct?

4) Assuming your most likely diagnosis is correct, how would you manage this patient? How would you monitor her condition and its treatment? What is the prognosis?

Case 41

A 67 year-old woman comes to the ER with a headache for three weeks. Her neighbor, who brought her to the ER, says the patient said the headaches had been getting worse and that she appeared to have lost weight over the past several months. She has also been “confused” for the past week, but has been able to walk on her own. Her hospital chart reveals a history of COPD, for which she takes inhalers, and two admissions in the past six months for a right middle lobe pneumonia. Her last admission note indicated she stopped smoking four months ago. On exam, she is a thin, elderly woman who is awake and attentive, with normal temperature and vital signs and decreased breath sounds in the right middle lung field. Her speech is fluent and well-articulated, but she identifies a watch as a wok, has difficulty with three-step commands, and cannot repeat short phrases. There is a question of a right superior quadrantanopia; her finger taps are slowed on the right.

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- 4) Assuming your most likely diagnosis is correct, how would you manage this patient? How would you monitor her condition and its treatment? What is the prognosis?

Case 48

A 43 year old man with epilepsy for 15 years comes to see you, his new PCP, because he has just relocated to the area. For the first several years, he was well controlled with phenytoin monotherapy. He began having seizures despite doses high enough to make him “a little wobbly.” Since then, he has been on carbamazepine, valproate, mysoline, and gabapentin in various combinations, but continued to have generalized seizures monthly. On his current regimen, oxcarbazepine and lamotrigine, he has generalized seizures less frequently—every 3-4 months—but has episodes weekly where, according to observers, he stops talking and hold the right hand up for 1-2 minutes. Several EEGs were normal, but one showed left temporal lobe spikes. Cranial MRI 12 years ago was said to be normal. He relocated to move in with his sister, because he hasn’t been able to work due to his seizures. In addition to oxcarbazepine, he takes paroxetine for depression. He appears somewhat melancholy, but has normal language function. The rest of his neuro examination is normal in detail.

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- 4) Assuming your most likely diagnosis is correct, how would you manage this patient? How would you monitor his condition and its treatment? What is the prognosis?

