50 year old right handed male

PC

- Headaches

HPC

- 3 day history of progressive headache
- Bilateral frontal location, since onset waxing and waning in severity but present to some extent all of the time
- Associated with nausea and vomiting and light sensitivity, tried to sleep it off
- Has noticed exacerbation of pain on bending down and coughing
- Since this morning reports double vision, particularly when looking to the right – this improves when she closes one of her eyes
- No loss of consciousness, no fever and no confusion reported by relatives
- Recently completed a course of oral steroids for treatment of a non-infective exacerbation of Ulcerative colitis
- Doesn't usually get headaches

PMHx

- Ulcerative colitis – diagnosed 2 years prior

PSHx

- Nil

THx

- Humira 40mg every other week

SHx

- Works in administration
- Non-smoker, no alcohol

<u>Stop and think 1.</u>

1. ***Headaches can be classified as being either primary (a headache due to the headache condition itself) or secondary (headache due to another underlying cause). What features of this patient's history would make you concerned about this being a secondary headache? What 'red flags' in history and examination can help you distinguish between the two, both in this case and in general?***

2. ***What are the potential causes of secondary headache?***

NEURO PODCASES

A NEUROSCIENCE PODCAST FOR MEDICAL STUDENTS

Examination

Appears unwell
BP 148/90
HR 96
I+II+O

Sats 98%
o/a
RR 14
Afebrile

Cranial Nerves

	R	L
I	N	N
II	Blurred disc margins N fields 6/6	Blurred disc margins N fields 6/6
III, IV, VI	Failure to abduct	N
V	N	N
VII	N	N
VIII	N	N
IX,X,XI	N	N
XII	N	N

Upper Limb

	R	L
Tone	N	N
Sh Ab	5	5
EF	5	5
EE	5	5
WE	5	5
FE	5	5
FDI	5	5
APB	5	5
Biceps	++	++
Triceps	++	++
Supinator	++	++

	R	L
Cerebellar	N	N
Pin Prick	N	N
JPS	N	N
Vib	N	N

Lower Limb

	R	L
Tone	5	5
HF	5	5
HE	5	5
KF	5	5
KE	5	5
APF	5	5
ADF	5	5
AI	5	5
Knee	++	++
Ankle	++	++
Plantar	↓	↓

Stop and think 2.

1. ***Based on the examination findings how do you account for the double vision? Which nerve appears to be affected and what is the likely explanation for why this is affected?***

2. ***What investigations would you perform?***

Investigations

Bloods

Hb	110
MCV	87.4
WC	8.3
Plt	280

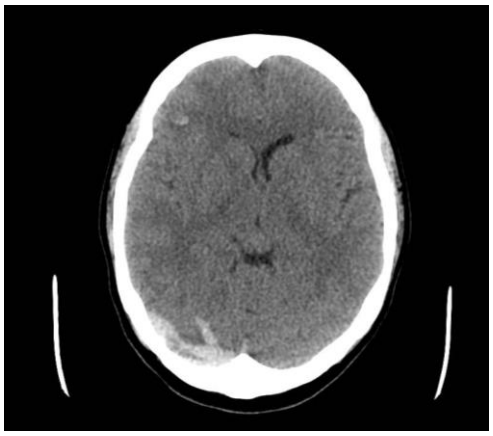
Na	138	
K	5.0	
Ur	9.6	
Creat	130	
CRP	16	

ALT	25	
Alk P	64	
Bili	7	
Alb	42	
INR	1.0	

CSF

OP	34cmH20
MC&S	Nil
WC	0
Prot	0.4
Gluc	3.4
OCB	n/a
RC	1

Radiology



CT head and CTV

Extensive venous sinus thrombosis involving superior sagittal sinus, straight sinus and right transverse and sigmoid sinuses.

Stop and think 3.

1. ***Based on the radiological findings and the CSF results what are your treatment priorities – with regards to CSF pressure and also with regards to the clot?***

2. ***What are the other complications that can result from this presentation?***

3. ***What is the likely cause for the venous sinus thrombosis in this patient?***

NEURO PODCASES

Diagnosis: Venous sinus thrombosis provoked by dehydration/UC exacerbation