

70 year old right handed female

PC

- Headache and drowsiness

HPC

- 2 month history of holocephalic headache
- Doesn't usually get headaches
- Worse in the mornings, better as the day goes on
- More muddled than usual
- In the last week, not been herself, spending more time asleep

PMHx

- COPD
- PVD

PSHx

- Cholecystectomy

DHx

- COPD inhalers
- Clopidogrel

SHx

- 40 pack year history
- 40 units a week
-

Stop and think

- What are the red flag symptoms for headache?
- What do we mean when we say 'secondary' headache?
- What factors of this history suggest a secondary cause for the headache?

Examination

Alert, orientated, sat up in bed

BP 120/88

HR 70

I+II+O



Sats 98%

RR 16



Cranial Nerves

	R	L
I	N	N
II	N	N
III, IV, VI	N	N
V	N	N
VII	N	N
VIII	N	N
IX, X, XI	N	N
XII	N	N
	R	L
Cerebellar	N	N
Pin Prick	N	N
JPS	N	N
Vib	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	++	++

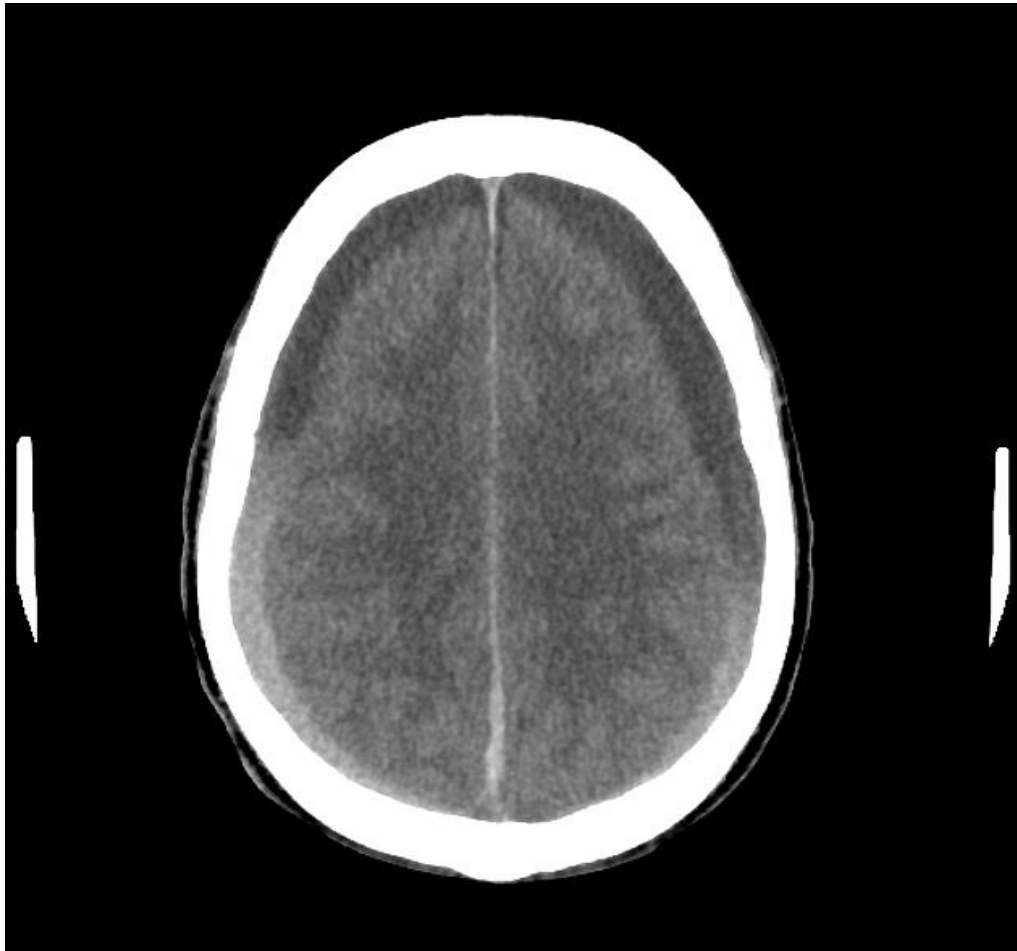
Lower Limb

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

Stop and think

- **Based on the history and examination findings what are you most concerned about?**
- **How do you account for the examination findings?**
- **How would you manage/investigate?**

CT head images



Diagnosis: Acute on chronic subdural haematoma