

59 year old right handed female

PC Visual loss and bumping into things

HPC Woke up this morning (12 hours previously), had been well in the day yesterday but took herself to bed earlier than usual after experiencing sudden onset dizziness and mild headache around 11pm. In the morning the dizziness had resolved but found she was bumping into things, when she was driving to work, she couldn't see any turnings and bumped into a pole on the left side. She realised at that point she wasn't able to see clearly.

PMHx Migraines during adolescence

Medications No regular medications, occasional paracetamol and ibuprofen use

Allergies No allergies

FHx Father had a myocardial infarction aged 79

SHx Works as a secondary school teacher, Non smoker, Drinks approximately 9 units of alcohol per week

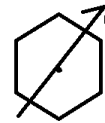
Independent, Lives with Husband, Drives a car.

Examination

Appears well

Sats 98% on room air

RR 16



Afebrile

BP 129/90

HR 81, regular

Heart Sounds I+II+O

Abdomen soft, non tender

Cranial Nerves

Upper Limb

Lower Limb

	R	L		R	L		R	L
I	N	N	Tone	N	N	Tone	5	5
II	VA 6/6	VA 6/6	Sh Ab	5	5	HF	5	5
	Left Homonymous hemianopia		EF	5	5	HE	5	5
			EE	5	5	KF	5	5
III, IV, VI	N	N	WE	5	5	KE	5	5
			FE	5	5	APF	5	5
V	N	N	FDI	5	5	ADF	5	5
VII	N	N	APB	5	5	AI	5	5
VIII	N	N	Biceps	++	++	Knee	++	++
IX, X, XI	N	N	Triceps	++	++	Ankle	++	++
XII	N	N	Supinator	++	++	Plantar	↓	↓
				R	L			
			Cerebellar	N	N			
			Pin Prick	N	N			
			JPS	N	N			
			Vib	N	N			

Stop and think:

Where is the likely location of the lesion?

What are the possible causes?

What investigations would you like to perform?

Investigations

ECG: Normal axis, sinus rhythm

Bloods: FBC normal, UE normal, LFT normal, HIV, Syphilis, Hepatitis, Vasculitic and thrombotic screen normal.

HbA1c 34mmol/L, LDL 2.5mmol/L

CT head: Evolving right PCA infarct

CT Angiogram[^]: There is no stenosis of the carotid vessels or vertebral arteries or intracranial stenosis. There is no calcification in the aortic arch or other vessels. There is no thrombus. Aortic arch, carotid arteries and the intracranial vessels are normal. No dissection: There is no stenosis of the carotid vessels or vertebral arteries or intracranial stenosis. There is no calcification in the aortic arch or other vessels. There is no thrombus.

[^]CT angiogram of aortic arch, extracranial and intracranial vessels.

MRI Head: Acute infarct in the right PCA territory.

Echocardiogram: Normal valves and systolic function.

Bubble study, no evidence of PFO (patent foramen ovale)

Normal size of the atria

TOE: Normal

24 hr Holter monitor: Occasional ventricular ectopics, no evidence of atrial fibrillation



Diagnosis: Acute ischaemic stroke, embolic stroke of undetermined source (ESUS)

Stop and think (Pharmacology):

What do we use for secondary prevention in ischaemic Stroke? Think about the different causes of stroke and how that may impact on choice of medication for secondary prevention.

How does aspirin work?

How does clopidogrel work?