

Case 1

Dear Doctor, I would be grateful if you could meet with this 64-year-old right-handed female in the TIA clinic. She has a background history of a previous stroke two years ago secondary to left internal carotid artery dissection, this was managed with aspirin and she has made a good recovery

She presented to our surgery today with recurrent episodes of altered sensation affecting the right side of her body. She describes a tingling sensation that starts in the face and spread to the right hand within a few seconds, there is no weakness. They typically last around 30 seconds and only ever affect the right side of her body. Over the last 3 months she reports around 10 separate episodes, however over the last 24 hours she has had 4 episodes.

Stop and think

- 1. Transient neurological symptoms can be described as either 'positive' or 'negative' in nature – how would you classify the symptoms this patient is describing?**
- 2. What features of this presentation would be supportive of transient ischaemic attack? What would be unusual for transient ischaemic attack?**

Case 2

Dear Doctor, I would be grateful for your opinion on this 78-year-old right-handed male.

He presented to our surgery today following an episode of loss of vision in his right eye. This episode was brief lasting around 5 minutes in total, he describes no associated headache or nausea nor any previous episodes like this in the past. He has now made a full recovery.

His medical history is significant for hypertension and hypercholesterolaemia for which he is taking Ramipril and Atorvastatin. He is also a smoker with a 30-pack year history.

Stop and think

- 1. Remind yourself of the visual pathway from retina to occipital cortex by drawing out this neural pathway. Where in this pathway would a monocular visual problem localise?**
- 2. What are possible causes of monocular visual loss?**

Case 3

Dear Doctor, I would be grateful if you could review this 58-year-old male in clinic following his recent attendance to A&E. Last week, shortly after his early morning swim, he was noted to become confused and was acting rather strange. A friend, who was with him, says the patient was unsure about where he was or what he had been doing. Curiously, he would keep asking his friend the same questions repeatedly.

In the emergency department 30 minutes later, his symptoms were still ongoing. Whilst there was no focal neurological deficit on examination, but a cognitive assessment was done which demonstrates that he was alert and able to answer questions and was able to give detailed autobiographical information. Testing of attention was unimpaired (months of year backwards) and was able to register items but had no recall after an interval of a couple of minutes. Naming and comprehension unimpaired.

Within a few hours' patient made a complete recovery and has been well since. The patient has no recollection of the swim nor the episode in A&E. Admits he had been under immense stress.

Do you think this patient has had a transient ischaemic attack or could this be a fugue state?

Stop and think

- 1. Based on the information in the referral letter which aspects of memory appeared to be affected?**

Case 4

Dear Doctor, I would be grateful for your opinion on this 24-year-old female.

She has no relevant medical history and does not frequently attend our practice. She reports recurrent episodes of transient neurological disturbance over the last three months for which I would be grateful for your opinion. These episodes typically start with altered vision in her left eye. She describes loss of a patch of vision outer aspect of his vision which then spreads out over time over both eyes, but mainly in her left visual field. Alongside this she has noticed some flashing lights in this area and 'shimmering' of her vision. On a few occasions she has had associated tingling in his right arm and leg with associated 'heaviness' but no weakness. Further question she has noticed some word finding difficulty associated with these symptoms. Shortly afterwards she will develop a headache which is typical of her previous migraines. However, recently she has noticed that no headache has occurred, and she is worried she might be having a stroke.

She is otherwise well but does have longstanding history of migraines associated with her menstrual cycle. Her only medication is the oral contraceptive pill and she is an occasional smoker.

Stop and think.

- 1. Do you think the likely diagnosis in this case is migraine-aura or transient ischaemic attack?**
- 2. What would you advise the patient with regards to their use of the oral contraceptive pill?**