

Weakness

Presenting problem

A 72-year-old man presents with sudden left-sided weakness. He was outside walking when his legs suddenly gave way beneath him. A passer-by came to his assistance. They noticed his speech was slurred, his face looked asymmetrical and he was unable to lift his left arm up for very long. An ambulance was called and he was brought to hospital. He is a smoker and has a history of hypertension for which he takes medication, including aspirin.

1. What would your differential diagnosis include before examining?
2. the patient? Discuss possible underlying different path physiologic mechanisms?

Examination

The man is examined an hour after the onset of his weakness. He is afebrile and has a regular pulse rate of 84/min. His blood pressure is high at 174/102 mmHg. He is alert, orientated and able to respond to commands. His visual fields are intact. He has a moderate left-sided facial weakness with sparing of the muscles of the forehead. On being asked to extend his arms out in front of him, his left arm drifts down and his hand grip is noticeably weak. He is unable to lift his left leg off the bed for more than a few seconds. There is sensory inattention on the left side.

1. Has examination narrowed down your differential diagnosis?
2. Outline important investigations and indicate their usefulness?
3. If the patient investigations show ischemic stroke outline principles of treatment?