

### CASE SUMMARY

**PATIENT: MRS. SANTOSH DEVI**  
**CONSULTANT: DR. SANJAY KUMAR SAXENA**  
**DATE: 28/10/19**

**Final Diagnosis: ACUTE STROKE - ACUTE LEFT MCA TERRITORY INFARCT WITH RIGHT HEMIPARESIS WITH APHASIA WITH AF WITH MILD MASS EFFECT WITH LRTI**

**Presenting Complaints:** Patient presented with complaints of drowsiness since 12/10/19 morning along with right sided weakness and aphasia. Patient was taken to Jaswant Rai Hospital where MRI Brain done showed large left MCA territory infarct and then brought to Max Hospital for further management.

**History:** Known case of hypertension, CAD.

#### **Significant findings during physical examination**

CNS: Drowsy

GCS: E2-3 V1 M5

Pupils: Bilateral reacting to light

Aphasia +

Power: Right Left

UL 1/5 5/5

LL 1/5 5/5

Plantars: Bilateral extensor

#### **General examination:**

BP - 110/80mmHg

P/R - 92/min

RR- 18/min

Temp- 98.6° F

SPO2- 98% on room air

CVS - S1S2 Normal

RS: B/L, AE Clear

P/A: Soft, BS +


**Course in the hospital:** Patient presented with above mentioned complaints and possibility of acute stroke was considered. NCCT Head done showed left FTP infarct with partial compression of Ventricle and was seen by Neurosurgery and advised incorporated. ECHO done showed no RWMA with LVEF 55%, mild concentric LVH. Patient was shifted to ICU for further management. In ICU patient was intubated and put on ventilatory support. Patient managed conservatively with IV Fluids, iv antibiotics, statins and other supportive treatment. Repeat NCCT Head done showed no major interval changes. On 13/10/19, patient had AF with CVR and was managed in consultation with Cardiologist with cardarone. Repeat NCCT Head done showed mild increase in mass effect and was seen by Neurosurgeon and advice incorporated. Chest x-ray done showed subtle left lung field

haziness. On 14/10/19, patient had an episode of AF with FVR and was managed in consultation with Cardiologist with Infusion cardarone. On 15/10/19, patient had tachycardia and was seen by Cardiologist and advised to continue cardarone infusion. Repeat NCCT Head done showed no major interval changes. On 16/10/19 and 17/10/19, patient had episode of AF and was seen by Cardiologist and advised to continue cardarone infusion. On 17/10/19, patient was tracheostomised in view of prolonged ventilatory support requirement. Repeat NCCT Head done showed no major interval changes. Tracheal culture done grew Pseudomonas aeruginosa and was managed with sensitive antibiotics. After stabilisation, patient was shifted to ward. Repeat NCCT head done on 24/10/19 showed large area of hypodensity in left fronto-parietal temporal and gangliothalamic capsular region suggestive of subacute infarct, mild mass effect with mild compression of left lateral ventricle, minimal midline shift is seen towards right side, with focal area of hypodensity with gyral thinning seen in right temporoparietal region ? gliosis/old infarct. At present patient is tracheostomised on hydrotrach, Conscious, fixes gaze, aphasic, Power: Right: 1/5 RUL, 2/5 RLL, Left: 5/5

**On Going Treatment:**

TAB ACETYLSALICYLIC ACID  
TAB AMIODARONE  
TAB ATORVASTATIN  
BIFILAC SACHET  
INJ CITICHOLINE  
NEB WITH DUOLIN  
INJ ENOXAPARIN  
INJ ESOMEPRAZOLE  
SYP LACTULOSE  
INJ LASIX  
INJ LEVETIRACETAM  
TAB METRONIDAZOLE  
INJ ONDANSETRON  
INJ PARACETAMOL  
SYP POTKLOR  
INJ TAZACT

**Dr. Sanjay Kumar Saxena**  
Senior Director and HOD Neurology  
Max Hospital

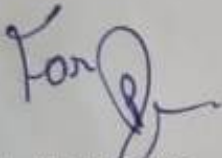
  
DUTY MEDICAL OFFICER



14/10/2019

TO WHOMSOEVER IT MAY CONCERN

This is to certify that patient **Mrs. Santosh Devi**, 68yr old female (EHPG.822205) was admitted on 14/10/19 through emergency with complaints of drowsiness, right sided weakness and aphasia. She is diagnosed as a case of Large Left MCA territory infarct and is currently in ICU on ventilator in sick condition.

A handwritten signature in blue ink, appearing to read "Amit Batra", is written over the printed name.

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Sr. Consultant – Neurology  
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