Identifying Data

Date:	06 / 09 / 2022
Time:	12:30 PM
Location:	NYPQ Medicine
Patient Name:	S.L.
Sex:	F
DOB:	03 / 07 / 1960
Informant:	Patient
Reliability:	Reliable

Chief Complaint

Right Sided Facial Weakness x 2 days

HPI

S.L. is a 62-year-old female with a PMHx hyperlipidemia and benign meningioma s/p right temporal craniotomy in 2006 presents to the ED for right sided facial weakness x 2 days. Patient reports a sudden onset of right facial weakness that started 48 hours ago, followed by the development of a right facial droop. Patient first noticed right facial weakness upon brushing her teeth as water was leaking from the right side of her mouth. Patient states the weakness is isolated to the entire right side of her face and does not radiate anywhere else. Patient describes the weakness as persistent numbness and diminished sensation that has worsened since onset. Patient reports worsening symptoms include blurry vision that has resolved, poor eyelid closure, mismatched eyebrows, slurred speech, and right facial paresis which prompted her visit to the ED. Patient denies any aggravating or relieving factors. Also admits to uncontrolled drooling, difficulty speaking, and mild right temporal pain. Denies fever, chills, dizziness, lightheadedness, nausea, vomiting, visual disturbances, chest pain, paresthesia, hearing loss, recent infections or recent trauma.

Past Medical History

Present Illnesses:	HLD x 15 years
Past Illnesses:	COVID-19 2020 Benign meningioma 2006
Immunizations:	Shingrix completed 06/2018 Influenza 09/2021 Pneumococcal 10/2021 TDAP 09/2016 COVID-19 vaccine x 3 doses
Screening Tests:	Mammogram 2010 – negative Colonoscopy 2005 – negative
Hospitalizations:	Resection of benign meningioma 2006
Medications:	Atorvastatin 10 mg Tablet, Daily for HLD Vascepa 1 g Capsule, Daily for HLD

Allergies:	Acetaminophen, Hives Oxycodone, Hives

Past Surgical History

Surgeries:	Right temporal craniotomy 2006 with no residual deficits
Transfusions:	Denies

Family History

Mother:	Deceased at 82 years old, HTN, DM, ICH stroke at 54 years old
Father:	Deceased at 80 years old, Neck cancer
Brother	Living at 64, HTN
Sister:	Living at 59, HTN, DM
Son	Living at 30, Healthy

Social History

S.L. is a 62 year old Korean female lives with her son in Queens and works part time in retail. She independent in all ADLs and IADLs and fully mobile at baseline. She is single and has 1 living child. Her highest education level completed is high school in Korea.

Habits:	Denies present or past use of tobacco, alcohol, marijuana, or illicit drugs
Diet:	She claims to have balanced diet mostly cooking vegetables and fish. Tries to minimize salt and sugar intake.
Exercise:	Active. Walks on average 5-10 blocks a day for errands.
Travel:	No recent travel
Sexual Activity:	Not Currently

Review of Systems

Constitutional	**Negative** for activity change, weight loss, fever, chills, night sweats, malaise/fatigue.
Skin / hair / nails	**Negative** for changes in texture, excessive dryness, discolorations, redness pigmentations, ulcers, moles/rashes, pruritus, or changes in hair distribution.
Head	See HPI. **Positive** for mild right temporal pain. **Negative** for dizziness, vertigo, headache, swelling, light-headedness, or recent head trauma.
Eyes	See HPI. **Positive** for poor eye lid closure. **Negative** for diplopia, visual disturbances, blurry vision, scotoma, eye fatigue, scotoma, halos, pruritus, lacrimation, photophobia, redness, or discharge.
Ears	**Negative** for deafness, ear pain, discharge, tinnitus, hearing aid use.

Nose / Sinuses	**Negative** for difficulty breathing, congestion, rhinorrhea, discharge, epistaxis, nasal obstruction, trauma, pruritis, loss of smell.
Mouth / Throat	**Negative** for sore throat, post nasal drip, bleeding gums, sore tongue, mouth ulcers, voice changes, tooth pain, swelling, pain, dryness, loss of taste, or use of dentures.
Neck	**Negative** for neck pain, stiffness, decreased range of motion, trauma, localized swelling, lumps, or adenopathy.
Pulmonary	**Negative** for cough, sputum production, SOB hemoptysis, wheezing, cyanosis, orthopnea, PND.
Cardiovascular	**Negative** chest pain, palpitations, irregular heartbeat, syncope, or known murmurs / arrhythmias, pain in calves, ulcers, extremity swelling.
Gastrointestinal	**Negative** for abdominal pain, heartburn, pyrosis, dysphagia, unusual flatulence, eructations, diarrhea, nausea, vomiting, jaundice, hemorrhoids, constipation, rectal bleeding.
Genitourinary	**Negative** for nocturia, urgency, frequency, hesitancy, polyuria, oliguria, dysuria, change in urine color, difficult urination, incontinence, hematuria, pyuria, dark brown urine, flank pain. OB status – postmenopausal.
Nervous	See HPI. **Positive** for right sided facial weakness and drooping. **Negative** for dizziness, seizures, headaches, balance problems, loss of consciousness, numbness, paresthesias, dysesthesias, hyperesthesia, ataxia, loss of strength, change cognition / mental status, or tremors.
Musculoskeletal	**Negative** for chest pain, back pain, joint pain, falls, deformity, redness, restricted motion, joint swelling, gout.
Hematologic	**Negative** for anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.
Endocrine	**Negative** for generalized weakness, polydipsia, polyuria, excessive sweating or flushing, polyphagia, heat or cold intolerance, goiters, or hirsutism.
Psychiatric	**Negative** for anxiety, depression, OCD, memory loss, mental disturbance, suicidal ideations, hallucinations, paranoias, or delusions.

Physical Exam

Vitals	BP: 144/77 RA, Sitting RR: 18 breaths / min, unlabored Pulse: 65 beats / min O2 Sat: 97% Room air Temp: 36.5 C oral

Height: 1.53 m2
Weight: 54.3 kg
BMI: 22.63 kg/m2

General	Alert, awake, not in acute distress. Appears to be well-developed and well-nourished.
Skin	Warm, moist, even texture, poor turgor but appropriate for age. No masses, lesions, deformities, scars, tattoos. No cyanosis, nonicteric. No discoloration, rashes, moles, pigmentations, bruises, macules, papules. Non-diaphoretic. Bilateral skin temperature consistently warm on all extremities.
Hair	Unremarkable quantity, even distribution, texture is thick. No seborrhea, lice, nits, dandruff. No masses, lesions, deformities on scalp. No swelling, trauma, tenderness to scalp on palpation.
Head	Unremarkable symmetry. Normocephalic, atraumatic, non-tender to palpation throughout. No recent falls. Abnormal facies due to right sided facial drooping. No, lesions, mass, deformities, depressions. No swelling, edema, scars. No facial pain to palpation. Diminished sensation to right side of face compared to left, see CN exam.
Nails	Capillary refill <2 seconds throughout upper and lower extremities. Appropriate shape, color for nails and nail beds. No lesions, clubbing, infection.
Eyes	No signs of lesions, masses, deformities, discharge. Asymmetric eyes, right eyelid unable to close fully. Upon attempt to close eyes, R eye moves laterally and superiorly. Sclera white, cornea and lens clear, conjunctiva pink without injection or discharge. No strabismus, exophthalmos, ptosis. No cataracts or scleral icterus. Visual acuity intact OU. Visual fields full by confrontation in 4 quadrants, PERRL with no accommodation. EOMS intact with no nystagmus
Ears	Symmetrical and appropriate in size. No lesions, masses, deformities, trauma, swelling on external ears. No discharge / foreign bodies in auditory canals AU. Appropriate amount of cerumen. No tenderness to palpation. Tympanic membrane pearly white/intact with light of reflex AU. Auditory acuity intact to whispered voice AU.
Nose / Sinus	Asymmetry with lack of nasolabial fold on right side compared to left. No lesions, masses, discharge, discoloration, erythema, ecchymosis. No tenderness, bogginess, trauma, or step off to palpation. Nares patent bilaterally. Nasal mucosa pink & well hydrated. Septum midline without lesions / deformities / injection / perforation. Turbinates without erythema or edema. No foreign bodies. Sinuses are non-tender to palpation.
Mouth	Asymmetry with right corner of mouth drooping. Lips pink, moist, no cyanosis or lesions, swelling, fissures. Non-tender to palpation. Mucosa is pink, well hydrated. No masses, lesions, scars. Palate is pink, well hydrated and intact. Gums are pink, moist. No masses, lesions, erythema, discharge. Tonsils are unremarkable and symmetric. Uvula midline. Hard and soft palette intact.

	Tongue is pink, well papillated. No masses, lesions, or deviations or injection. Oropharynx shows no erythema, masses, lesions, foreign bodies, discharge, exudates.
Neck	Trachea midline rises well with swallowing. Symmetrical with no masses, lesions, scars or adenopathy. No abnormal pulsations noted, JVD, carotid thrills. Supple, non-tender to palpation. No carotid bruits on auscultation.
Thyroid	Not enlarged and non-tender to palpation. No palpable masses, nodules, irregularities, cysts, thyromegaly. No palpable lymphadenopathy.
Lungs	Pulmonary effort appears normal, no accessory muscle use. No stridor or respiratory distress. Chest expansion on respiration and diaphragmatic excursion symmetrical and appropriate. No wheezes, diminished breath sounds. Clear to auscultation bilaterally. No signs of consolidation or fremitus. No tenderness noted. Resonant throughout percussion.
Heart	Regular rate and rhythm. Auscultation revealed normal heart sounds - S1 and S2 are normal and distinct with no murmurs, friction rubs, or gallops heard. Neck supple. No JVD present. No abnormal pulsations noted. No heaves or thrills or lifts on palpation. PMI palpable in the 5th intercostal space at midclavicular line. No chest wall tenderness.
Abdomen	Abdomen symmetric with no bruises, varicosities, scares straie, lesions, masses, deformities, jaundice, ecchymosis, hernias, visible pulsations/peristalsis noted. distention noted. Bowel sounds normoactive in all 4 quadrants with no aortic / renal / femoral bruits. Tympanic throughout. No guarding or rebounding noted. No presence of ascites from negative fluid wave. No hepatosplenomegaly to palpation. No CVA tenderness. Abdomen soft and non-tender to palpation.
MSK	Symmetric muscle bulk with appropriate tone for her age. No soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral lower and upper extremities. Full active/passive ROM of all extremities without pain, rigidity, or spasticity. Strength 5/5 throughout against resistance. No tenderness to palpation.
Neuro	Cranial + Peripheral
CN II	Visual acuity intact. Visual fields full by confrontation. Fundoscopy without lesions, papilledema, optic atrophy, hemorrhage.
CN III, IV, VI	EOM intact with no nystagmus. PERRL with no accommodation. Convergence present. Symmetric pupils bilaterally.
CN V	Face sensation decreased on right side to light touch. Poor contraction of jaw muscles on right side upon smiling.
CN VII	Facial expressions are asymmetric at rest, smile, and frowning. Poor eye muscle closure on right side. Right forehead and right eyebrow raise asymmetric and absent.
CN VIII	Auditory acuity intact to whispered voice AU.

CN IX and X	Mild dysarthria. Uvula midline with symmetrical elevation of soft palate. No difficulty swallowing. No hoarseness.
CN XI	Full ROM at neck. Strong shoulder shrug against resistance bilaterally.
CN XII	Tongue deviation to left side without fasciculations.
Motor	No abnormal movements seen – no atrophy, tics, tremors, bradykinesia or fasciculation. No pronator drift and rapid finger taps bilaterally. Full ROM at distal and proximal extremities Strength 5/5 against resistance symmetric bilaterally.
Cerebellar	Coordination by point-to-point intact bilaterally. No dysmetria. No asterixis. No pronator drift. Gait assessment deferred due to patient safety.
Sensory	Intact sensation to touch in all extremities except face (see CN exam). Proprioception intact bilaterally. Extinction intact to bilateral stimulation.
Reflexes	Deep tendon and abdominal reflexes 2+ throughout.
Mental Status	Alert and oriented x 3 person, place, time, and situation. Able to follow all commands without difficulty. No aphasia. Intact memory for recent and remote events. Intact judgement, insight, cognitive function. Intact language. Weak voice and slow speech with mild dysarthria due to right facial weakness. No depression or suicidal ideations.
Vascular	Extremities are appropriate in color, size, temperature. Pulses are 2+ bilaterally in upper extremities. Pulses 2+ bilaterally in lower extremities at posterior tibialis, dorsalis pedis, popliteal. No edema noted. No calf tenderness bilaterally, equal in circumference. No palpable cords or varicose veins bilaterally. No palpable inguinal or epitrochlear adenopathy. No bruits noted, clubbing, cyanosis, stasis changes or ulcerations. Extremities are warm and well-perfused

NIH Stroke Scale

1a. 0 = Alert
1b. 0 = Answers both questions correctly
1c. 0 = Performs both tasks correctly
2. 0 = Normal gaze
3. 0 = No visual loss
4. 2 = Partial facial paralysis
5. 0 = No drift in arms
6. 0 = No drift in legs
7. 0 = No limb ataxia
8. 1 = Mild to moderate sensory loss. Decreased sensation on right face
9. 0 = No aphasia
10. 1 = Mild to moderate dysarthria. Some slurring of words.
11. 0 = No abnormality in extinction or inattention

Scale: 4

Glasgow Coma Scale

Eye Opening	Spontaneous
Verbal Response	Oriented
Motor Response	Obeys commands

GCS Score: 15

Recent Labs

CBC			
-	WBC	4.03 (L)	06/08/2022
-	HGB	12.6	06/08/2022
-	HCT	36.8 (L)	06/08/2022
-	Platelets	173	06/08/2022
BMP			
-	Sodium	143	06/08/2022
-	Potassium	4.2	06/08/2022
-	Chloride	106	06/08/2022
-	CO2	28.0	06/08/2022
-	Glucose	101	06/08/2022
-	BUN	8.9	06/08/2022
-	Creatine	0.57	06/08/2022
-	eGFR	90	06/08/2022
CMP			
-	ALT	14	06/08/2022
-	AST	18	06/08/2022
-	ALK PHOS	61	06/08/2022
LIPID PANEL			
-	Triglyceride	82	06/08/2022
-	Cholesterol	186	06/08/2022
-	HDL	65	06/08/2022
-	LDL	105 (H)	06/02/2022
BLOOD GAS			
-	PH	7.41	06/08/2022
-	PCO2	43	06/08/2022
-	PO2	47 (L)	06/08/2022
METBOLIC			
-	TSH	1.51	06/08/2022
-	HbA1c	5.0	06/08/2022

Recent Imaging

CT Angiography Head & Neck with Contrast 06/08/2021
IMPRESSION:

- No evidence of significant stenosis in the head or neck.
- Suspicious protuberance in left vertebral artery at V4 segment– possible due to eccentric plaque do not exclude aneurysm.
- Bilateral cervical lymphadenopathy

CT Head without Contrast 06/08/2021
IMPRESSION:

- No evidence of acute territorial infarct, intracranial hemorrhage, mass effect, midline shift, or hydrocephalus.
- Stable postsurgical changes to right temporal lobe.

MRI Brain 06/09/2021
IMPRESSION

- Negative for acute or chronic strokes
- No significant changes from 2011 MRI.

Recent Exams

EKG 12 LEAD 06/08/2022
INTERPRETATION:

- Normal sinus rhythm, no abnormalities

Problem List

1. Right facial weakness / Right facial droop
2. Cervical lymphadenopathy
3. Possible aneurysm in left vertebral artery (V4 segment)
4. HLD

Assessment/Plan

S.L. is a 62-year-old female with a PMHx hyperlipidemia and benign meningioma s/p right temporal craniotomy in 2006 presents to the ED for right sided facial weakness and right facial droop x 2 days. Associated symptomatology included blurry vision, poor eyelid closure, mismatched eyebrows, slurred speech, and right temporal pain. In ED, patient underwent stroke workup. On stroke evaluation, patient not a candidate for tPA. NIHSS was 4 for R sided facial paralysis, mild sensory loss, and mild dysarthria. CT Head is negative for acute infarct or hemorrhage. CTA H/N was significant for protuberance due to eccentric plaque or possible aneurysm in LVA and bilateral cervical lymphadenopathy, but no stenosis or LVO. MRI is negative for acute or chronic strokes and has not changed since previous 2011 MRI. Physical exam is notable for right sided cranial nerve deficits with obvious R facial paralysis and asymmetry, inability to lift R eyebrow, poor R eyelid closure, decreased R facial sensations, and mild dysarthria. Admission to stroke unit for further evaluation. DDx has high suspicion for Bell's Palsy. R/O Stroke, Ramsay Hunt Syndrome, Brain malignancy, facia palsy due to HIV infection.

Differential Diagnoses

1. Bell's Palsy (**most likely**)
    - **Likely** because patient presents with unilateral facial weakness and paralysis, R facial drooping inability to fully close R eyelid, unable to lift R eyebrow or wrinkle forehead, loss of R nasolabial fold, decreased R facial sensations, R temporal pain, and mild dysarthria / slurred speech
    - PE positive for R sided cranial nerve deficits
    - Eye exam positive for Bell's phenomenon - Upon attempt to close eye, R eye moves laterally and superiorly
    - CT Head negative for infarct or ICH
    - MRI brain negative for acute or chronic strokes
2. Ischemic Stroke / TIA
    - **Possible** because patient presents with unilateral facial weakness, unilateral mouth drooping, and slurred speech
    - NIHSS score 4 for R sided facial paralysis, mild sensory loss, and mild dysarthria
    - CTA H/N showed suspicion for possible aneurysm in LVA although likely from eccentric plaque given her PHMx of HLD
    - **Unlikely** because symptoms have developed over 48 hours without signs of brain damage. On PE nerve deficits do not go beyond R side of face. Coordination and cognition intact. Patient is unable to wrinkle forehead which is characteristic of Bells Palsy. CT Head negative for acute infarct or hemorrhage or lesions, MRI brain negative for acute or chronic strokes.
3. Ramsay Hunt Syndrome
    - **Possible** because patient presents with to unliteral facial paralysis
    - PE positive for deficits in in CN VII and unable to raise eyebrows
    - **Unlikely** because denies any otalgia. PE showed no auditory disturbances and no vesicular lesions in ear or auricle. No hx of shingles or varicella.
4. Malignancy
    - **Possible** because patient presents unliteral facial paralysis and weakness and has a PMHx significant for R sided meningioma s/p R temporal craniotomy in 2006.
    - PE positive for R sided cranial nerve deficits
    - CTA H/D showed bilateral cervical lymphadenopathy
    - **Unlikely** because MRI is negative for any lesions and has remained unchanged since 2011 MRI. Previous tumor was benign. Labs remain normal with no signs of lymphoma.
5. HIV infection
    - **Possible** because patient presents unliteral facial paralysis
    - PE positive for R sided cranial nerve deficits
    - **Unlikely** because labs remain within normal limits with no signs of immunosuppression or infection. No hx of HIV or known exposure.

 # Right facial weakness / Right facial
 # R/O stroke

- Likely Idiopathic Bell's Palsy > stroke
- New admit to stroke unit
- Labs unremarkable
- NIHSS score 4
- CT Head showed no acute infarct, hemorrhage, or lesions
- MRI brain negative for acute or chronic strokes

PLAN:

- Follow up with Neurology recommendations
- Follow up with TTE
- START Valacyclovir 1000 mg PO 3 times Daily for 7 days
- START Prednisone 60 mg PO Daily for 7 days
- START Pantoprazole 40 mg PO Daily for 12 days for GI prophylaxis

 # Hyperlipidemia

- Recent LDL 105 (H)

PLAN:

- CONTINUE Atorvastatin 10 mg daily
- CONTINUE Vascepa 1 g Capsule daily
- Follow up outpatient with PCP

 # Cervical Lymphadenopathy

- Incidental finding on CTA H/N
- Mildly enlarged bilateral cervical lymph nodes measuring 1.4 cm
- Per radiology, differential considerations include infectious, inflammatory, or neoplastic etiology

PLAN:

- Follow up with outpatient PCP and endocrinologist for further evaluation