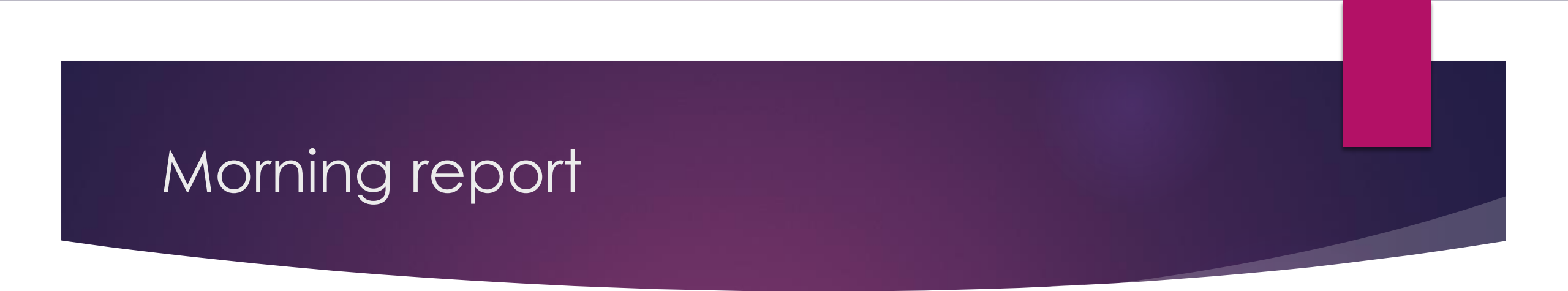


In the name of god



Morning report

Neurology department

Razi hospital

94.4.31

۲۶ مردان

اقای ۵۴ ساله کشاورز که ۱۱ روز قبل حین فعالیت در حال ایستاده به طور ناگهانی دچار ضعف و کرختی اندامهای راست و انحراف صورت و اختلال تکلم شده بود و از عصر همان روز دچار اختلال بلع، سیر علایم ثابت بود. روز قبل از بستری دچار سردرد فشارنده ژنرالیزه و استفراغ شده بود.

history

SH:Smoking 20 p/y

PMH: _

DH:Nortriptylin

Phenytoin

Piracetam

Phisycal exam

Bp:130\80 Pr:81 RR:14 BT:36.7

General exam :nl rythm:sinus cardiac:nl urticarial+

neurologic exam: awake /aware/

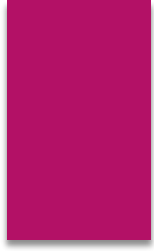
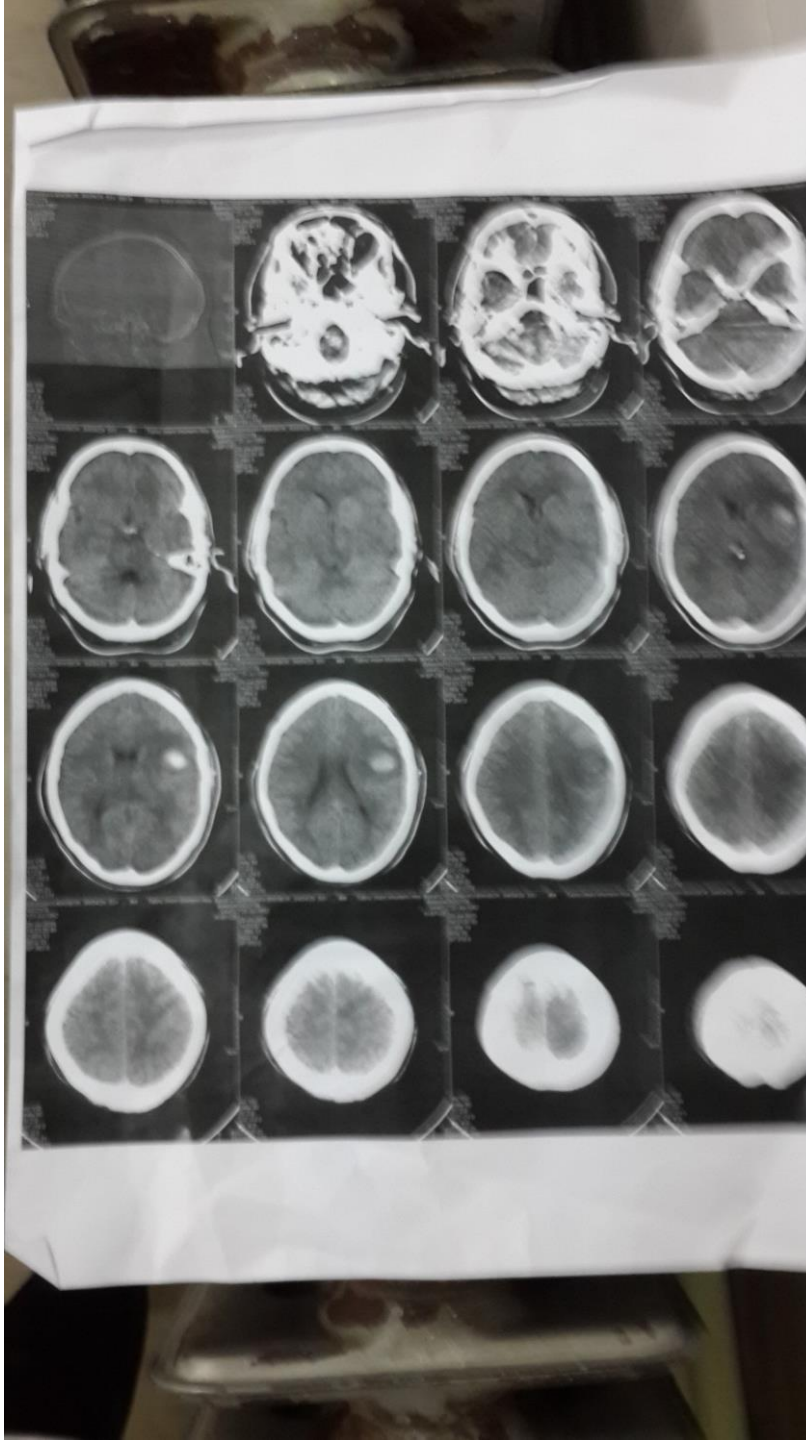
Dysarthria+/ RCHFW +/-Gag : -

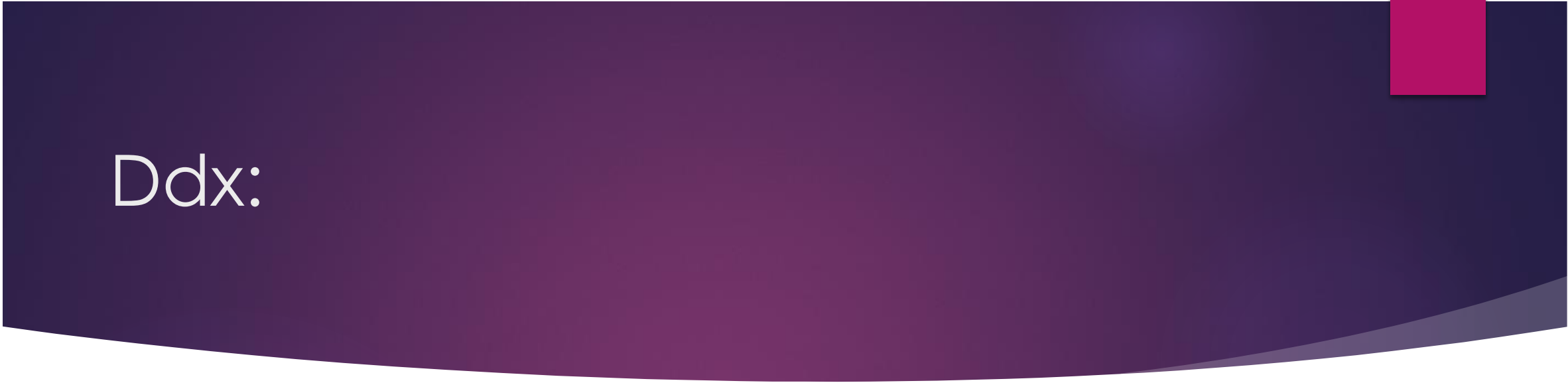
MF Right side: 4/5 + DTR:2+ Double flex

Problem list

اقای ۵۴ ساله که ۱۱ روز قبل حین فعالیت در حال ایستاده به طور ناگهانی دچار ضعف اندامهای راست و انحراف صورت و اختلال تکلم شده بود و از عصر همان روز دچار اختلال بلع.

دیس آرتری اختلال بلع فلج فاسیال همی پارزی راست ۴/۵+





Ddx:

Embolic ischemic stroke (red infarct)

Sol (apoplexy of tumor)

AVM

Lobar ich

Ward : تاریخ پذیرش :	Room : اتاق :	Bed : تخت :	Name : نام : تاریخ تولد : Date of Birth :	Family Name : خانوادگی : تاریخ تولد : Date of Birth :	Father Name : پدر :
اعضاء Physician	دستورات Orders		ساعت Time	تاریخ Date	
	45th Diet		10 ^P	98/5/90	
	Temp : Hemorrhagic infarct				
	Canda : if				
	position : HOB elevat				
	Activity : RRR				
	Diet : 250 cc 16th				
	Cvs of Gk				
	ph				
	1) T.V. den				
	2) S NIS 1.5 lit 9 24h				
	3) Tab Phosphat 400 g		DD		
	4) Cap Phenyton 100 g		BD		
	5) Tab Captopril 25 g		BID if BP 2140/90		
	6) EKG				
	7) CXR				
	8) Echo cardiogr				
	10) B CT				
	11) B MRI				
	12) Doppler of Cerebral				
	13) Holter monitoring				
	14) check : CBC, ESR, CRP, UA, BUN, CR				
	Na, K, Ca, P, FBS, Cholesterol, LDL, HDL				
	PTT, INR				

۱۶ زن

خانم ۵۶ ساله که ۱ هفته قبل از صبح دچار تهوع و استفراغ شده و از شب دچار سردرد شده که طی مراجعه سرپایی و درمان علامتی مختصری بهبود یافته. از فردای همان روز بیمار بیحالی و سستی ژنرالیزه داشته و از روز بعد دچار خواب الودگی شده است. در تمام این مدت از سردرد تمپورال راست شاکی بوده و تهوع گهگاهی داشته. سرگیجه گهگاهی را ذکر نمیکرده. ضعف اندام ها-تاری دید- تشنج نداشته

history

PMH : -

DH : OCP

FH: -

SH: -

Physical exam

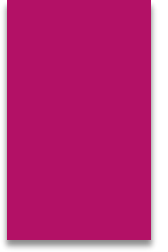
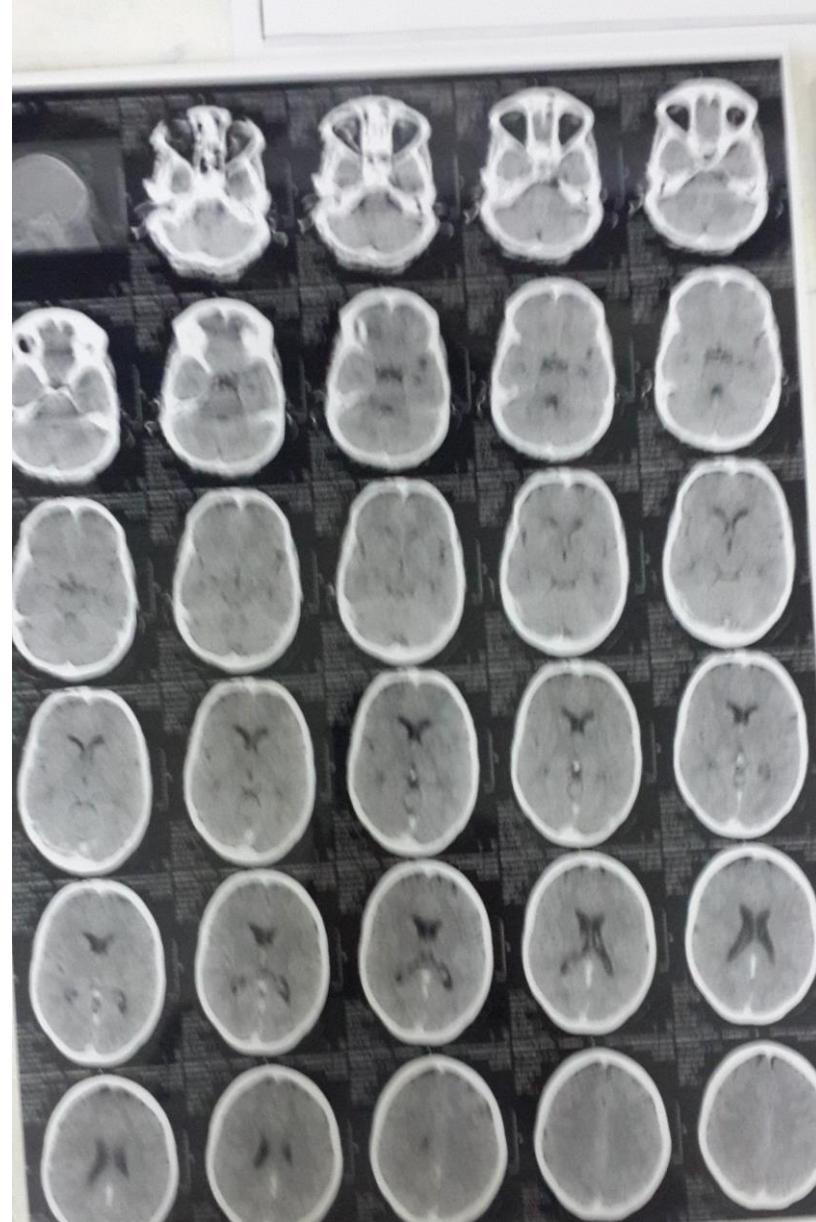
BP:150/90 PR: 85 RR:13 BT:36.5

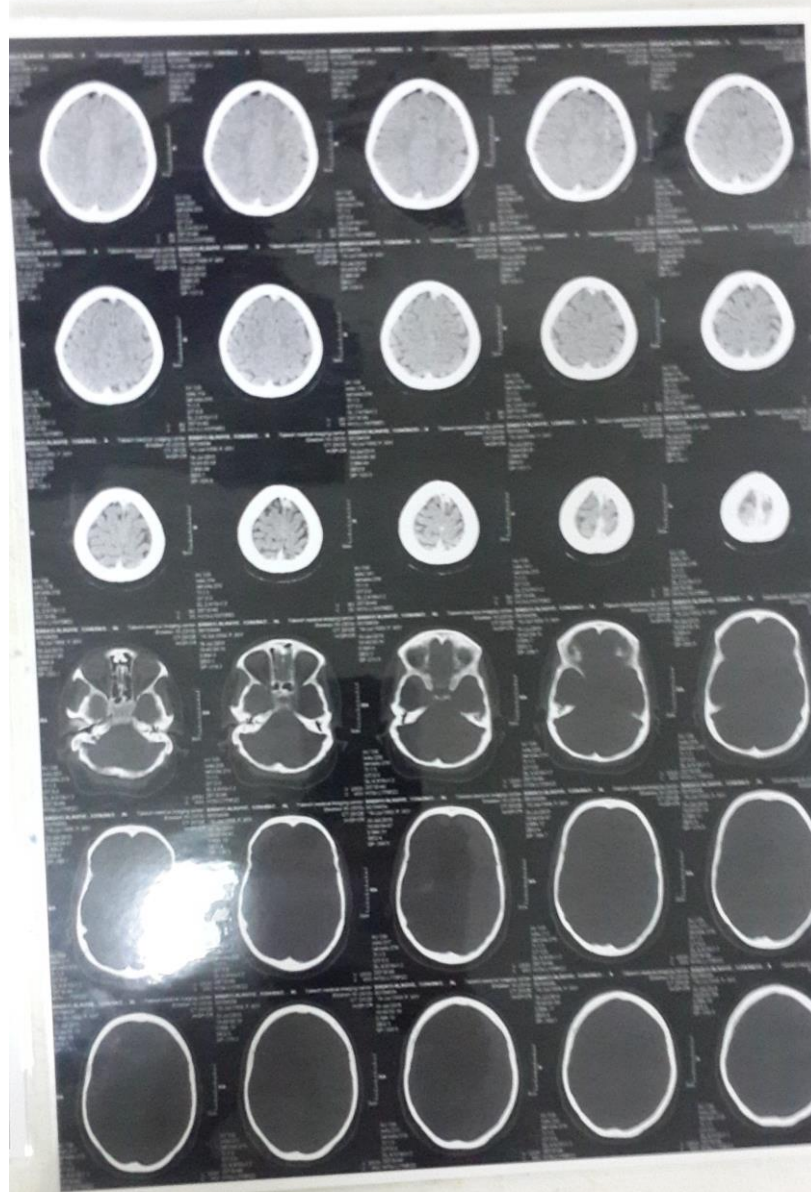
Lethargic

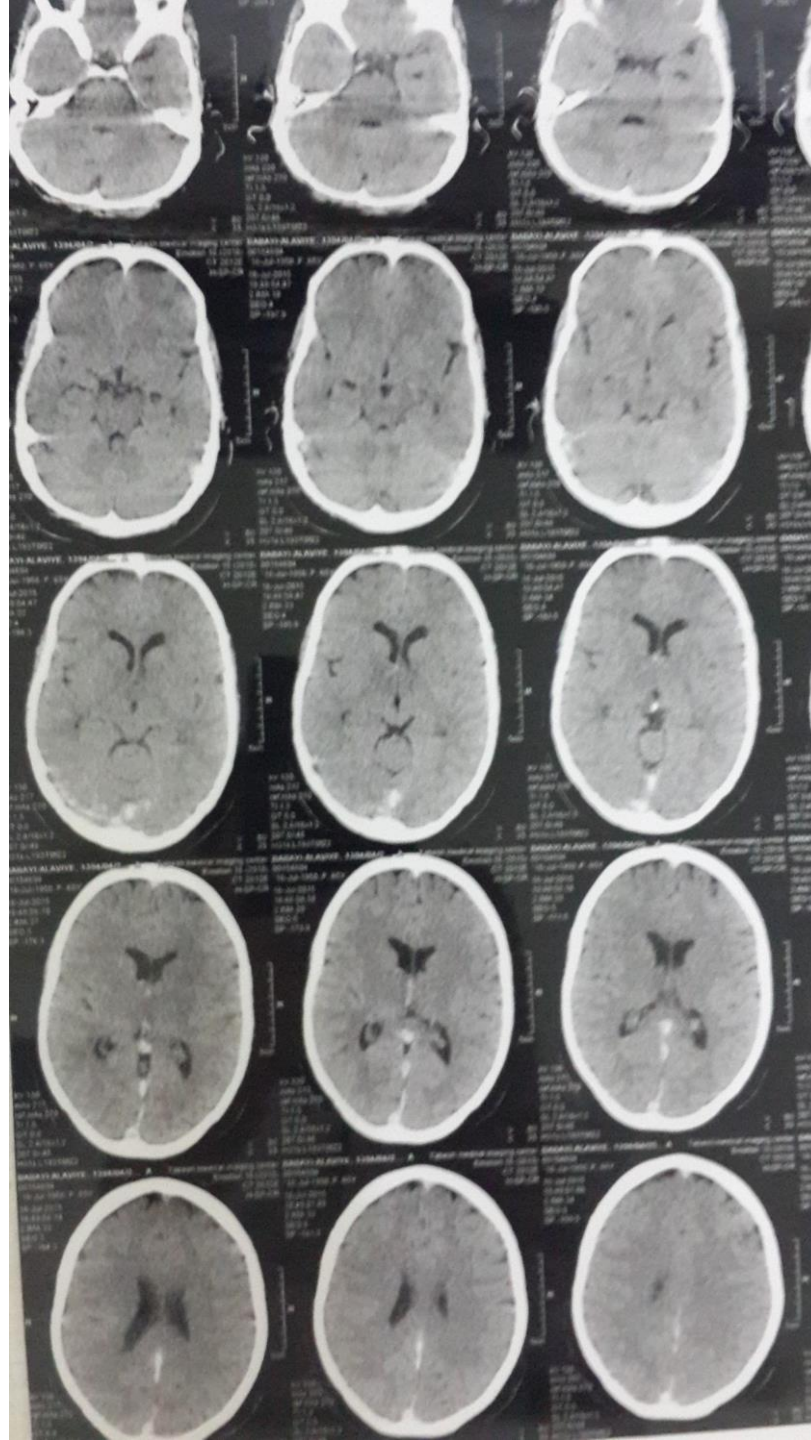
Papil edema grade 2

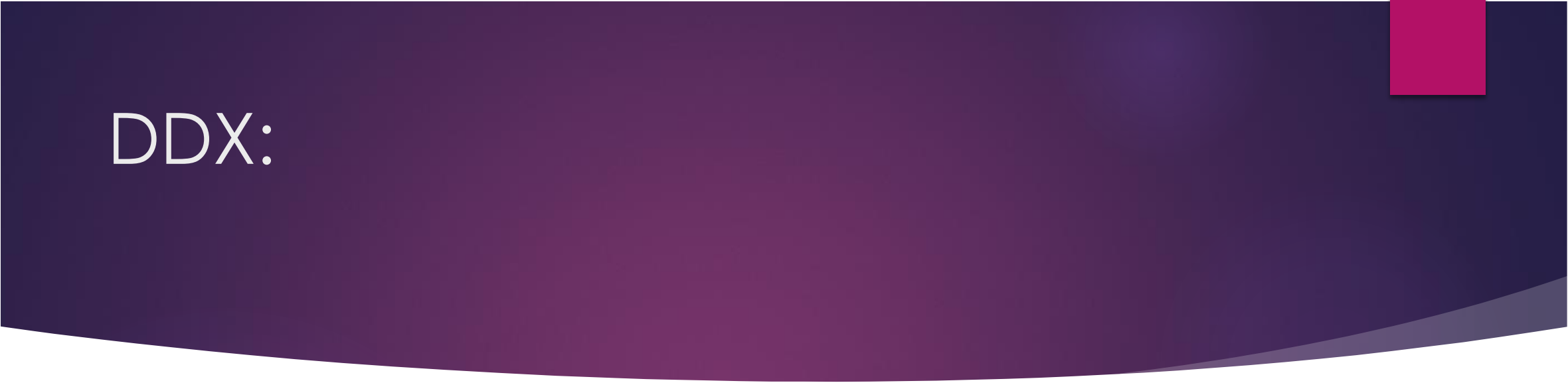
Mf: 5/5 DTR:2+ double flex











DDX:

CVT

SAH

IIH

Complicated migraine

15th Dec

Imp: CVT

23-11-15

Condition: not good

pos: HOB elevatⁿ is

Activity: RRR

Diet: 2500 ^{cal} _{per day}

CVS q 6h

Plan

1) I & V line

2) S_u NIS 3lit q 24h3) At H_{ep} 1000 u/hr via pump

4) Check PTT q 24h

5) Tab P_{ro}ph_{yl} 400 q 006) Tab Acetaz_{ol} 250 q 007) Tab Acet_{yl} 500 q TDS8) tK_u9) C_{XR}10) B_u CT11) B_u MRI-MRV12) Echo card_{io}

دستورات پزشک PHYSICIAN'S ORDER

امضاء پزشک Signature of Physician	دستورات Orders	ساعت Time	تاریخ Date
	(13) Check: IRL, ESR, CRP, Ua B ₂ , Cr, Na, K, Ca, P FBS, Cholesterol, LDL, HDL, TC, PT, PTT, INR,		
	(14) (قطع داروهای زیرین) تجویز		
	(15) A) Diarrhea is steady HR & BP (توجه: اگر آنتی بیوتیک باشد)		

۲۰ زنان

خانم ۵۱ ساله / اهل و ساکن بوکان/خانه دار/دارای ۳ فرزند
شکایت: بی ربط گویی

شرح بیماری

خانم ۵۱ ساله که ۱ هفته قبل دچار تب و لرز و تهوع و استفراغ و بی ربط گویی شده و از همانشب سردرد به علایم بیمار اضافه شده. از روز دوم تب و لرز تشدید یافته. سردرد فرونتال که به مسکن پاسخ نمیداده و علی رغم مراجعه متعدد و درمان علامتی سیر بیماری رو به پیشرفت بوده. بیمار به تدریج دچار عدم شناخت اطرافیان شده و از ۲ روز قبل وسواس شستشو پیدا کرده. افت محتوای هشیاری سیر نوساندار داشته. سردرد و تهوع از ۳ روز قبل قطع شده. تشنج و افت سطح هشیاری نداشته است. سرماخوردگی اخیر نداشته است

history

PMH: Asthma

DH: OCP

SPRAY SALBUTAMOL

FH: -

Physical exam

BP: 110/70 PR:150 RR:20 BT:37.2

GENERAL EXAM: cardiac :nl lung: weez

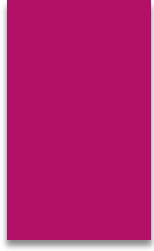
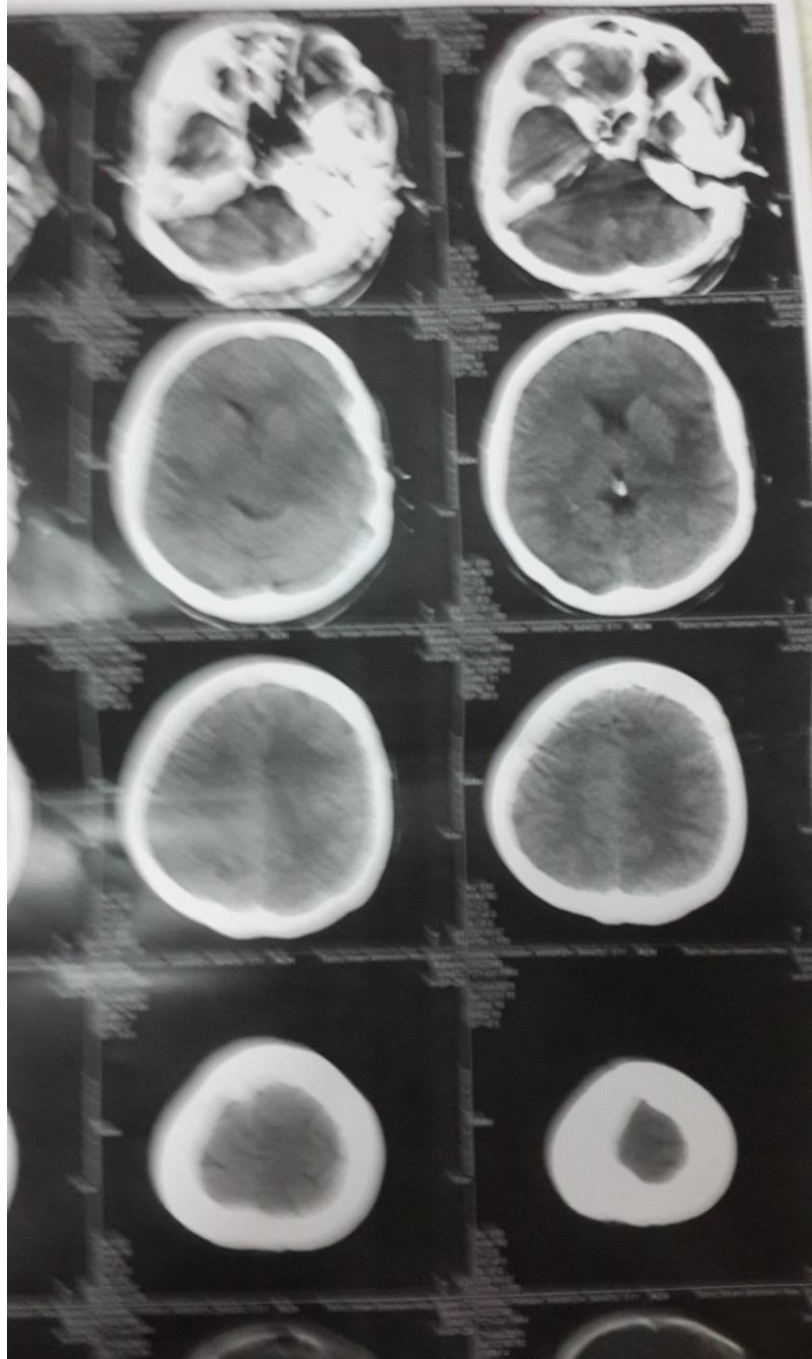
Arrytmia : - pulsation : 2+

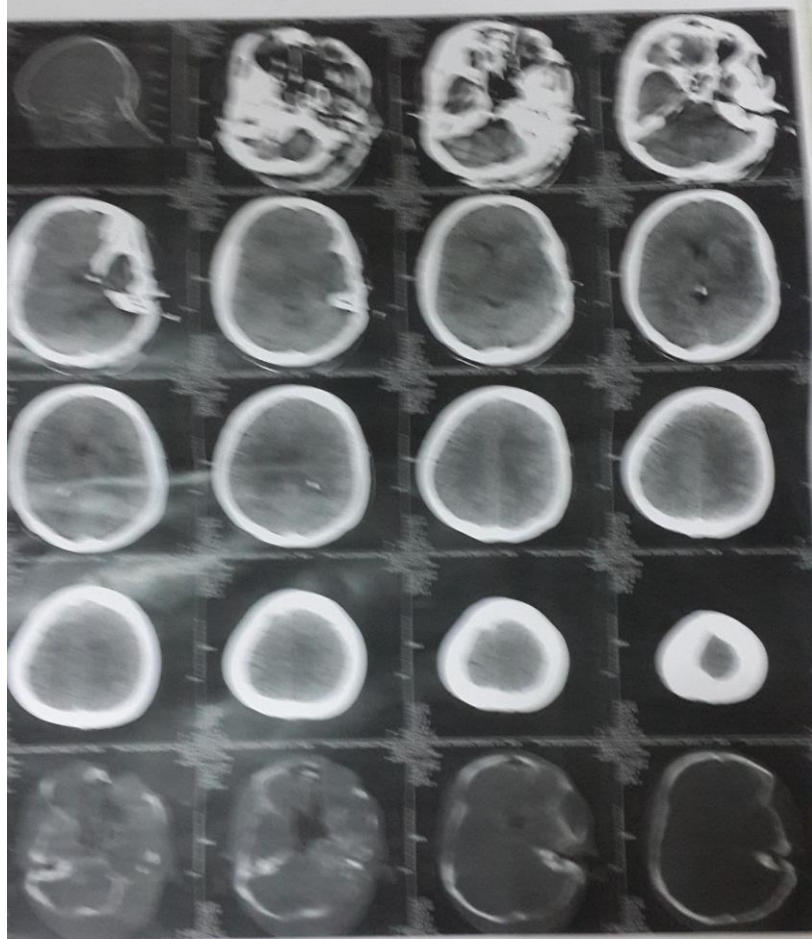
Neurologic exam

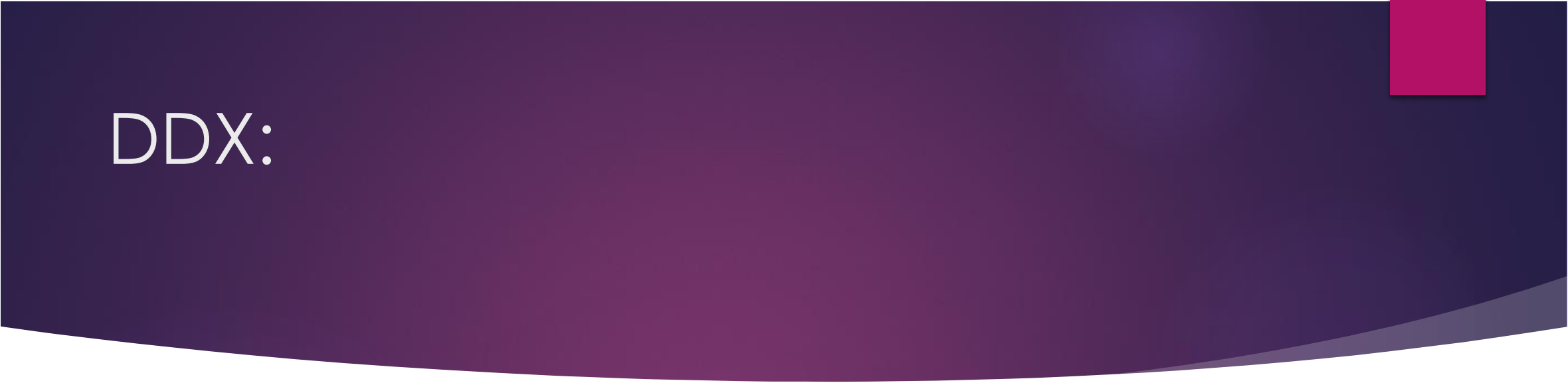
Awake/disoriented/
eye movement : nl/sharp disk venus puls +/-
Pupils :4 mm reactive
Cranial : intact
MF:5/5 DTR:2+ DOUBLE FLEX
Nuchal rigidity +/-

خلاصه

خانم ۵۱ ساله که ۱ هفته قبل دچار تب و لرز و تهوع و استفراغ و بی ربط گویی شده و از همانشب سردرد به علایم بیمار اضافه شده. بیمار به تدریج دچار عدم شناخت اطرافیان شده و از ۲ روز قبل وسواس شستشو پیدا کرده. افت محتوای هشیاری سیر نوساندار داشته. / تاکیکارد / دیس اریانته / ردور گردنی مشکوک







DDX:

Herpes encephalitis

ADEM

Drug toxicity

Case No.	Place of Birth	Date of Birth	Gender	Age	Occupation	Religion	Marital Status	Education	Family Income	Medical History	Present Illness	Examination	Diagnosis	Treatment	Prognosis	Remarks
100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133
134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167
168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201
202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218
219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235
236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252
253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269
270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286
287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303
304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320
321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337
338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354
355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371
372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388
389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405
406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422
423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439
440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456
457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473
474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490
491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507
508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524
525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541
542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558
559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575
576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592
593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609
610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626
627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643
644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660
661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677
678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694
695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711
712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728
729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745
746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762
763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779
780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796
797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813
814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830
831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847
848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864
865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881
882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898
899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915
916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932
933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949
950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966
967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983
984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000

Herpes simplex virus type 1 encephalitis

INTRODUCTION — Herpes simplex virus type 1 (HSV-1) encephalitis is the most common cause of sporadic fatal encephalitis worldwide. The clinical syndrome is often characterized by the rapid onset of fever, headache, seizures, focal neurologic signs, and impaired consciousness.

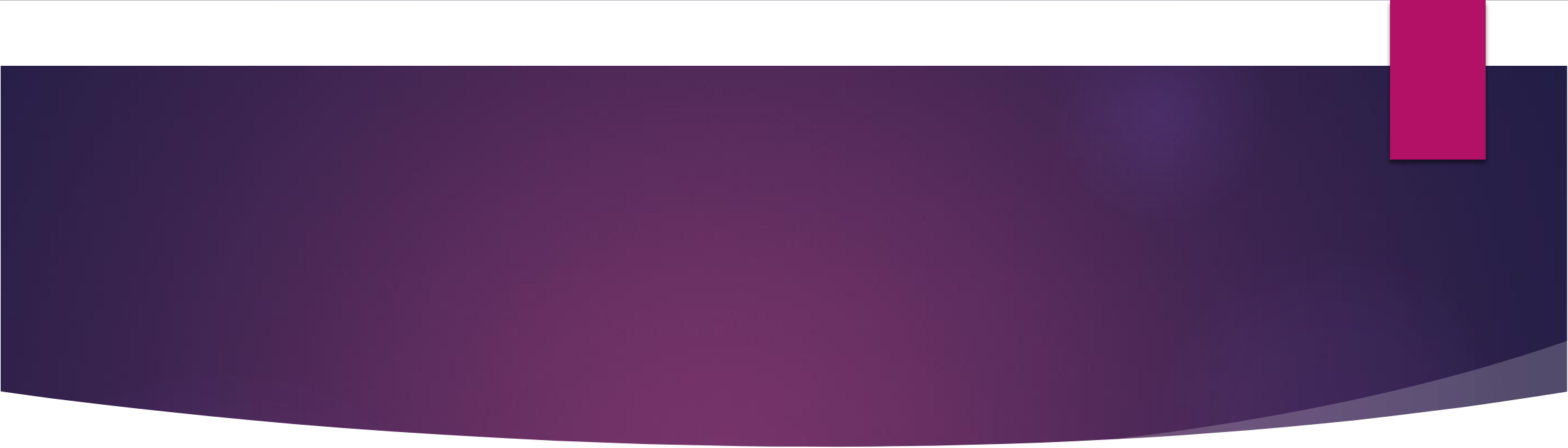
Epidemiology

HSV-1 encephalitis is the most common cause of fatal sporadic encephalitis in the United States, accounting for approximately 10 to 20 percent of the 20,000 annual viral encephalitis cases . The infection arises in all age groups, with one-third of all cases occurring in children and adolescents

PATHOGENESIS

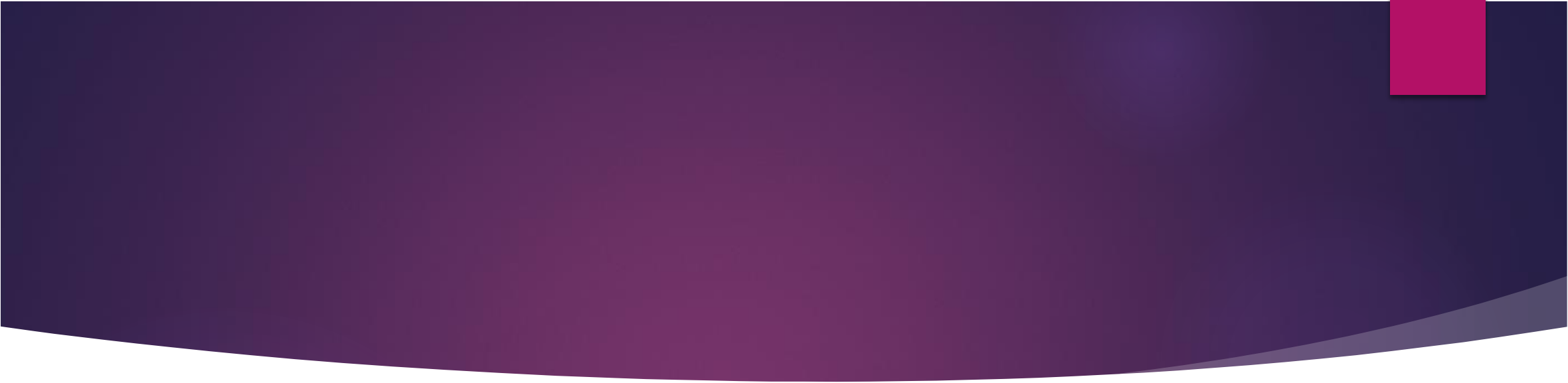
immediate CNS invasion via the trigeminal nerve or olfactory tract following an episode of primary HSV-1 of the oropharynx; most patients with primary infection are younger than 18 years of age

murine model has shown that inoculation of HSV into the murine tooth pulp leads to an encephalitis primarily affecting the temporal cortex and limbic system



This manner of inoculation selectively infects the mandibular division of the trigeminal nerve, which is most common site of viral latency in humans with HSV-1 infections

Another possible mechanism of nervous system invasion is viremia. HSV has been identified by culture in the blood of neonates and immunocompromised patients and, by polymerase chain reaction

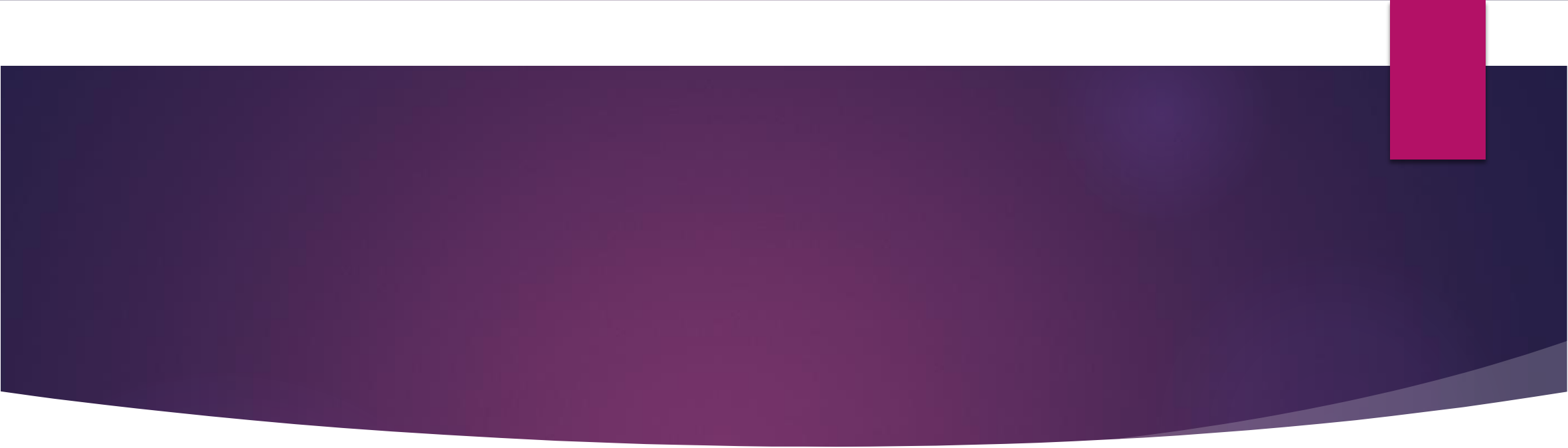


It is unclear whether the extent of CNS viral load is directly related to the severity of tissue damage. In one study of eight patients with HSV encephalitis, the level of HSV-1 viremia in CSF, as determined by PCR, did not correlate with the severity of clinical signs

CLINICAL FEATURES

Symptoms and signs — Focal neurologic findings are usually acute (<1 week in consciousness, focal cranial duration) and include altered mentation and level of nerve deficits, hemiparesis, dysphasia aphasia, ataxia, or focal seizures. Over 90 patients will have one of the above symptoms plus fever. Other percent of ,associated neurologic symptoms include urinary and fecal incontinence meningitis, localized dermatomal rashes, and Guillain-Barré

Later in the clinical course, patients may have diminished comprehension, paraphasic spontaneous speech, impaired memory, and loss of emotional control



Various behavioral syndromes have been reported in association with HSV-1 encephalitis including: Hypomania
Varying states of amnesia
HSV-1 CNS infection has also been implicated in cases of recurrent brainstem encephalitis

Laboratory abnormalities

Examination of the CSF typically shows a lymphocytic pleocytosis, increased number of erythrocytes (in 84 percent of patients), and elevated protein.

Repeat testing can be helpful when the clinical suspicion is high. Low glucose is uncommon and may suggest an alternative diagnosis

Imaging studies

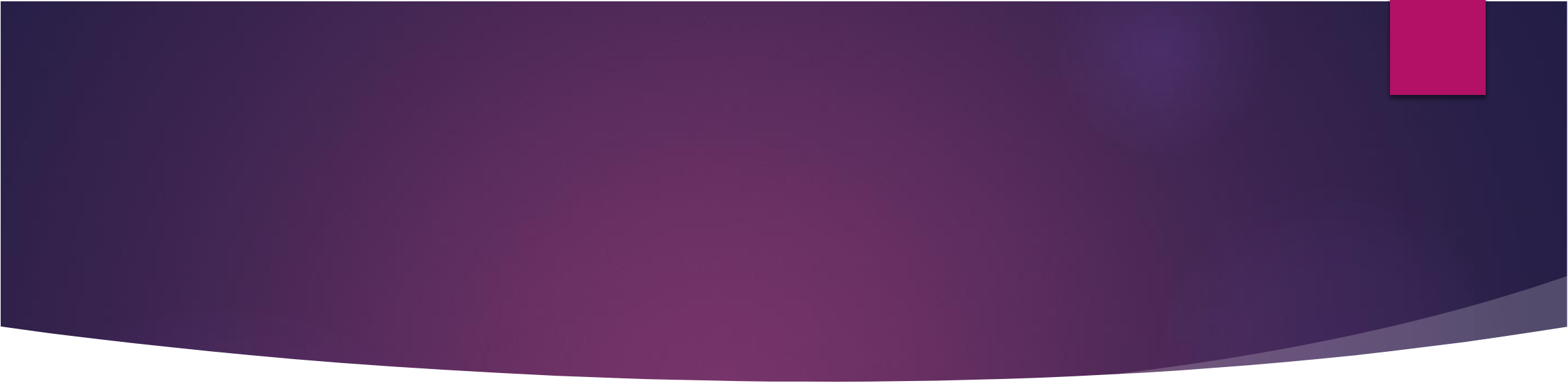
Temporal lobe abnormalities on brain imaging are considered strong evidence for herpes simplex encephalitis. Temporal lobe lesions are predominantly unilateral and may have associated mass effect

MRI is the most sensitive and specific imaging method for HSV encephalitis, especially in the early course of the disease Brain perfusion

SPECT studies of patients with viral encephalitis and CSF antibodies to HSV have shown increased accumulation of radiotracer in the affected temporal lobe

EEG

(Electroencephalogram (EEG) — Focal electroencephalogram (EEG findings occur in >80 percent of cases, typically showing prominent , intermittent high amplitude slow waves (delta and theta slowing), and occasionally, continuous periodic lateralized epileptiform discharges in the affected region



It is extremely important that the diagnosis of HSV encephalitis be
, entertained early in any patient who presents with suggestive signs
symptoms, laboratory, and imaging studies since it is among the more
treatable of the infectious etiologies of encephalitis

DIAGNOSIS

Polymerase chain reaction — The gold standard for establishing the diagnosis is the detection of herpes simplex virus DNA in the CSF by PCR

Prior to the availability of PCR testing, brain biopsy was considered to be the only way to accurately diagnose herpes encephalitis

CSF antigen and antibody determinations are not helpful in the early diagnosis

TREATMENT

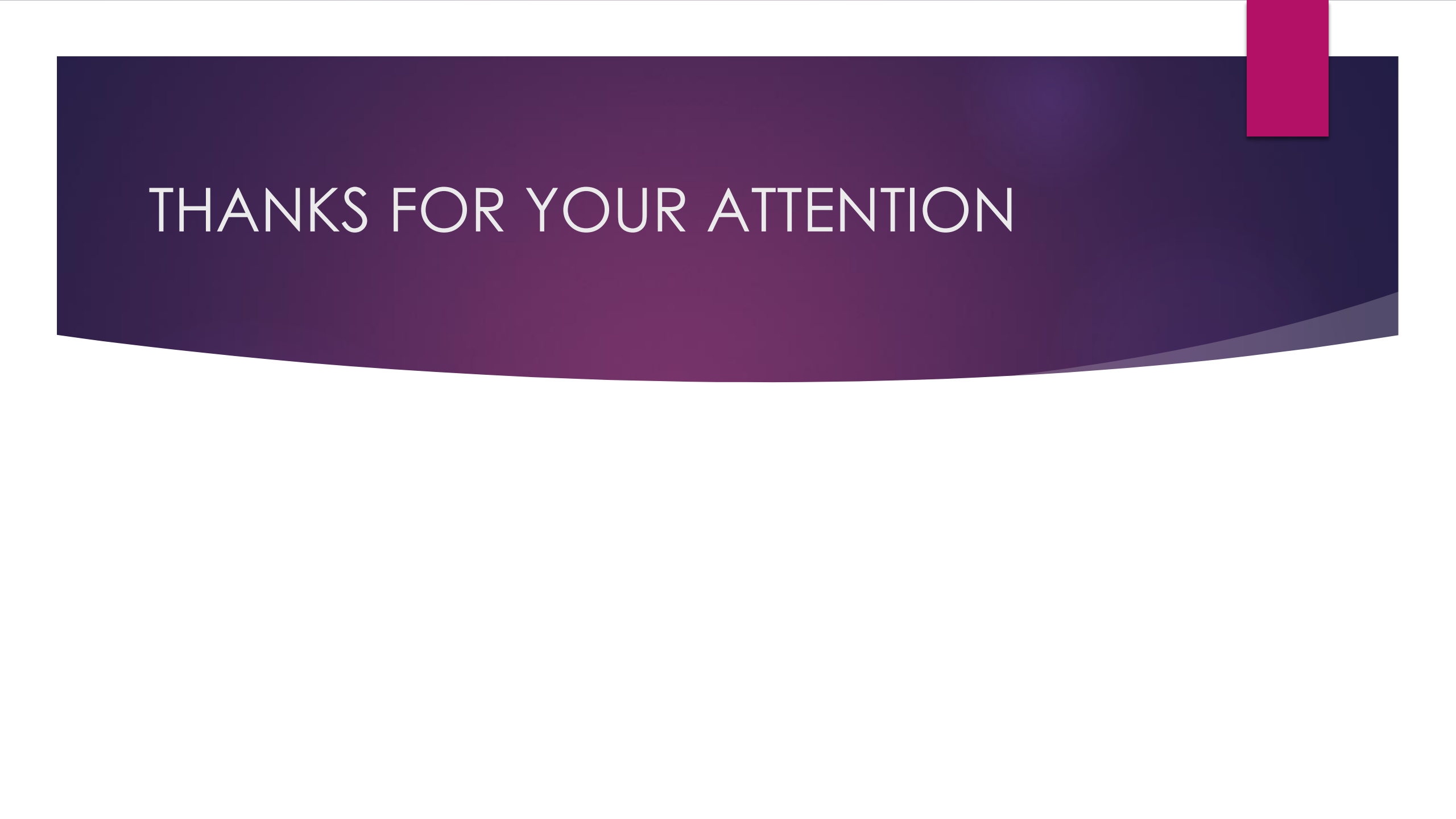
empiric therapy with IV acyclovir (10 mg/kg IV every 8 hours) should be initiated as soon as the diagnosis is considered

Early, aggressive antiviral therapy can prevent mortality and limit the severity of chronic post encephalitic behavioral and cognitive impairments

PROGNOSIS

Untreated, the fatality in herpes encephalitis can approach 70 percent and most of the survivors have serious neurologic deficits . Survivors can also have significant neuropsychiatric and neurobehavioral issues

Even with appropriate diagnosis and treatment, mortality may still be as high as 20 to 30 percent



THANKS FOR YOUR ATTENTION