

# Challenging Cases in the Emergency Department

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## **Case 1: I Feel Horrible**

A 28 year old male presents with the chief complaints of vomiting, fever, chills, back and chest pain that have progressed over 6 days. He also states he has been experiencing some numbness over legs. He has been vomiting for past 2 days and is now unable to take anything by mouth. He denies a headache, cough, or dyspnea. He had been evaluated 3 days prior for neck and back pain after shoveling and was given a diagnosis of muscle strain.

- Allergies: none
- PMHx, Meds, FHx – none
- Soc Hx: admitted to TOB and ETOH
- ROS: + for fever, CP, rapid heart rate, palpitations, SoB, N/V, myalgias, numbness

### **Physical Exam**

- WDWN, febrile, diaphoretic, A&Ox3
- VS: 101.3°F, 120, 116/64, 20
- HEENT: PERLA, EOMI
- Neck: supple, no adenopathy
- RESP: CTA, Equal, No wheezes/rhonchi
- CVS: RRR, no murmur, gallop, rub, or JVD
- GI: BS nl, soft, non-tender, no masses or CVAT
- Neuro/MS: CN II-XII intact, FROM, No deformities, spine nl, pelvis nl
  - *Shift change, different physician examiner*
  - Pt appears diaphoretic with shaking chills
  - Review of the history – pleuritic chest pain, decreased penile sensation w/o urinary retention
  - Asked a key question in social history????
  - Re-examine: No headache, no Kernig or Brudzinski's signs, 4/5 strength LUE, 5/5 RUE, 4+/5 both lower extremities, L arm drift, R leg clonus, B/L upward toes. No splinter hemorrhages.

### **Case 1**

- Thoughts/Impressions???
- Diagnostic studies?
- Consultants?

**Case 2:****I Passed Out**

A 27 year old male construction worker was on the job. 1.5 hours ago he became lightheaded, dizzy and passed out. He also complained of left upper abdominal and shoulder area pain which worsens with bending. He denies chest pain, shortness of breath, trauma, black tarry stool or other bleeding. He denies sharp abdominal pain but says he is experiencing some waves of crampy pain.

- PM/S/FHX: none
- Allergies: none
- Meds: ASA
- Soc HX: ETOH
- ROS: + for constipation and abd. pain

**Physical Exam**

- WDN, A&Ox3, Pale, not diaphoretic, no external signs of trauma except hand abrasions
- VS: 97.4°F, 84/54, 89, 24
- HEENT: pale mucosa, PERLA, EOMI
- Neck: supple, full ROM
- RESP/CV: CAAF, RR, no murmur/rub/gallup
- GI: soft, slightly tender in the epigastric and LUQ, nl BS, rectal exam: hem. neg stool
- Neuro/MS: FROM, no deformities

**Case 2**

- Thoughts/Impressions???
- Diagnostic studies?
- Bedside tests?
- Consultants?

### Case 3:

### Beware of Your Shadow

A 63 year old male presented with a chief complaint of feeling achy and tingly after shadow boxing. He felt tightness in his left arm, hand, and jaw. He also complained of feeling woozy. In addition, he felt weak in the legs with cramps and decreased feeling in the right leg and foot. He denied chest pain, shortness of breath, nausea, vomiting. Prior to arrival, he took 2 SL NTG without relief of his symptoms.

- PMHX: MI (1983), Anxiety
- MEDS/ALLERGIES: None
- SOC/FAMHX: None
- ROS: + for numbness/weakness/pain in L arm and R leg

### Physical Exam

- WDNW, Moderate/Severe distress 2° pain
- VS: 98.8°F, 97, 115/86R, 116/81L, 16
- HEENT: WNL
- Skin: dusky R foot and L hand, no rash
- CV/RESP: RRR, no murmur, gallop, ectopy, wheeze, rhonchi
- ABD: soft, normal BS, no mass
- NEURO/MS: CN II-XII intact, decreased sensation R distal leg & foot and L hand & wrist, unable to extend toes R foot. Asymmetric pulses when comparing distal extremities to each other.

### Case 3

- Impressions/Thoughts??
- Differential Diagnoses?
- Diagnostic studies?
- Consultants?
- Treatments?