

**QUESTION**  
 A 65-year-old male patient with a long history of hypertension and hyperlipidemia is brought to the emergency department by ambulance. He is found unresponsive at home. On arrival, he is intubated and brought to the ED. His vital signs are: BP 180/110 mmHg, HR 110 bpm, RR 20 breaths/min, SpO<sub>2</sub> 98% on 4L O<sub>2</sub>. He has a Glasgow Coma Scale of 3. His physical exam is notable for a patent airway, clear lungs, and a strong carotid pulse. A CT scan of the head shows a large right parietal subdural hematoma with a midline shift to the left. The patient's medical history includes a recent fall at home. His medications include lisinopril, atorvastatin, and aspirin.

**ANSWER**  
 The patient's presentation is consistent with a large right parietal subdural hematoma (SDH) causing a significant midline shift. The most likely mechanism of injury is a fall, given the patient's age and history. The SDH is causing increased intracranial pressure (ICP) and compression of the brain tissue, leading to the patient's unresponsive state. The vital signs, particularly the elevated blood pressure and tachycardia, suggest a Cushing's triad response to increased ICP. The patient's Glasgow Coma Scale of 3 indicates deep coma. The CT scan findings confirm the presence of the SDH and the midline shift. The patient's medical history and medications provide additional context for his condition.

## ANSWERS

**QUESTION**  
 A 45-year-old male patient with a long history of hypertension and hyperlipidemia is brought to the emergency department by ambulance. He is found unresponsive at home. On arrival, he is intubated and brought to the ED. His vital signs are: BP 180/110 mmHg, HR 110 bpm, RR 20 breaths/min, SpO<sub>2</sub> 98% on 4L O<sub>2</sub>. He has a Glasgow Coma Scale of 3. His physical exam is notable for a patent airway, clear lungs, and a strong carotid pulse. A CT scan of the head shows a large right parietal subdural hematoma with a midline shift to the left. The patient's medical history includes a recent fall at home. His medications include lisinopril, atorvastatin, and aspirin.

**ANSWER**  
 The patient's presentation is consistent with a large right parietal subdural hematoma (SDH) causing a significant midline shift. The most likely mechanism of injury is a fall, given the patient's age and history. The SDH is causing increased intracranial pressure (ICP) and compression of the brain tissue, leading to the patient's unresponsive state. The vital signs, particularly the elevated blood pressure and tachycardia, suggest a Cushing's triad response to increased ICP. The patient's Glasgow Coma Scale of 3 indicates deep coma. The CT scan findings confirm the presence of the SDH and the midline shift. The patient's medical history and medications provide additional context for his condition.