

QUESTION

A 65-year-old man with a long history of hypertension and diabetes mellitus presents to the emergency department with acute-onset confusion and left-sided weakness. He has a past medical history of coronary artery disease, hyperlipidemia, and chronic kidney disease (stage 3). He is currently on lisinopril, metformin, and aspirin. His current medications include insulin glargine and insulin lispro. He has a recent fall at home, but no head trauma was reported. His vital signs are stable. On physical examination, he has a Glasgow Coma Scale score of 11 (E4, V3, M4) and a left-sided homonymous hemianopia. His left arm is paralyzed and has a pronator drift. There is no focal motor deficit on the right side. His heart rate is 68 bpm, blood pressure is 130/80 mmHg, and oxygen saturation is 98% on 2L O2. His laboratory studies show a serum glucose of 100 mg/dL, sodium of 135 mEq/L, and creatinine of 1.8 mg/dL. A non-contrast head CT scan shows a small right parietal subarachnoid hemorrhage. A CT angiogram of the head and neck shows a large filling defect in the proximal right internal carotid artery, consistent with a thrombus. The patient is intubated and transferred to the intensive care unit.

Question	Answer	Explanation
What is the most likely cause of the patient's acute-onset confusion and left-sided weakness?	Large vessel disease (stroke)	The patient's acute-onset confusion and left-sided weakness are consistent with a stroke. The CT scan shows a small right parietal subarachnoid hemorrhage, and the CT angiogram shows a large filling defect in the proximal right internal carotid artery, consistent with a thrombus. This is characteristic of a large vessel disease (stroke).
What is the most likely cause of the patient's acute-onset confusion and left-sided weakness?	Small vessel disease (stroke)	The patient's acute-onset confusion and left-sided weakness are consistent with a stroke. The CT scan shows a small right parietal subarachnoid hemorrhage, and the CT angiogram shows a large filling defect in the proximal right internal carotid artery, consistent with a thrombus. This is not characteristic of a small vessel disease (stroke).
What is the most likely cause of the patient's acute-onset confusion and left-sided weakness?	Cardioembolic stroke	The patient's acute-onset confusion and left-sided weakness are consistent with a stroke. The CT scan shows a small right parietal subarachnoid hemorrhage, and the CT angiogram shows a large filling defect in the proximal right internal carotid artery, consistent with a thrombus. This is not characteristic of a cardioembolic stroke.
What is the most likely cause of the patient's acute-onset confusion and left-sided weakness?	Arteriovenous malformation	The patient's acute-onset confusion and left-sided weakness are consistent with a stroke. The CT scan shows a small right parietal subarachnoid hemorrhage, and the CT angiogram shows a large filling defect in the proximal right internal carotid artery, consistent with a thrombus. This is not characteristic of an arteriovenous malformation.

ANSWER: Large vessel disease (stroke)

DISCUSSION



ANSWER: Large vessel disease (stroke)