

QUESTION

1. A patient with a long history of hypertension is brought to the emergency department with a severe headache, blurred vision, and vomiting. The patient's blood pressure is 180/110 mmHg. The patient is also experiencing a change in mental status and is unable to walk. The patient's fundus examination shows papilloedema. The patient's chest X-ray is normal. The patient's laboratory studies are as follows:

Test	Result
Serum sodium	130 mEq/L
Serum potassium	4.0 mEq/L
Serum calcium	10.0 mg/dL
Serum magnesium	1.5 mg/dL
Serum creatinine	1.2 mg/dL
Serum urea nitrogen	15 mg/dL
Serum glucose	100 mg/dL
Serum lactate	1.0 mg/dL
Serum ammonia	15 mg/dL
Serum salicylate	0.5 mg/dL
Serum acetaminophen	0.1 mg/dL
Serum theophylline	0.1 mg/dL
Serum digoxin	0.1 mg/dL
Serum valproic acid	0.1 mg/dL
Serum phenytoin	0.1 mg/dL
Serum carbamazepine	0.1 mg/dL
Serum phenobarbital	0.1 mg/dL
Serum ethanol	0.1 mg/dL
Serum acetaminophen	0.1 mg/dL
Serum salicylate	0.5 mg/dL
Serum theophylline	0.1 mg/dL
Serum digoxin	0.1 mg/dL
Serum valproic acid	0.1 mg/dL
Serum phenytoin	0.1 mg/dL
Serum carbamazepine	0.1 mg/dL
Serum phenobarbital	0.1 mg/dL
Serum ethanol	0.1 mg/dL

ANSWER

2. The patient's presentation is consistent with hypertensive encephalopathy. The patient's blood pressure is severely elevated, and the patient is experiencing a change in mental status and is unable to walk. The patient's fundus examination shows papilloedema. The patient's chest X-ray is normal. The patient's laboratory studies are as follows:

Test	Result
Serum sodium	130 mEq/L
Serum potassium	4.0 mEq/L
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ANSWER