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2103 Words

CHARACTER COUNT

12296 Characters

PAGE COUNT

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FILE SIZE

32.7KB

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Oct 20, 2022 11:41 AM GMT+5:30

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SEPSIS WITH ACUTE CEREBROVASCULAR EPISODE WITH PSEUDOBULBAR PALSY WITH A KNOWN CASE OF SYSTEMIC HYPERTENSION

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Abstract:

Background: Any functional abnormalities of the central nervous system (CNS), peripheral nervous system (PNS), or both are referred to as cerebrovascular disorders. In India, there are 145 cases of cerebrovascular disorders for every 100,000 individuals.(1). There are two different forms of stroke. There are two types of strokes: ischemic and haemorrhagic. There are some parallels between two different forms of stroke. aetiology, pathophysiology, and medical management differ from nursing management in these areas..(2) A clinical condition known as an ischemic stroke, often referred to as a cerebrovascular accident (CVA) or a cerebrovascular event, occurs when there is a sudden loss of function caused by an interruption in the blood flow to any area of the brain.(3). Additionally, a cerebrovascular accident damages the central nervous system and results in bulbar palsy, which is characterised by the inversion of muscular motion caused by cranial nerves in the lower part of the brain stem. With facial palsy in 60%. The doctor's advice for prompt admission and vigorous therapy.(4)

Case presentation: A 64-year-old man who was receiving ayurvedic treatment complained of facial dropping, left side weakness, speech difficulty, and breathing difficulties. According to his medical history, the patient appeared healthy before the incident occurred and had a history of sane events before one month prior. having an inguinal hernia that occurred more than 20 years ago, as well as being on the medications Tab. amlodipine 5 mg and Tab. ecosprin 75 mg OD. There is no prior history of loss of consciousness or seizures episodes at home. Early investigation was done, including a CT scan of the brain, which revealed acute infract on the left and right corona radiata as well as age-related atrophic changes and small vessel disease. ----- Acute infract in the left and right corona radiata, along with age-related atrophic alterations, are revealed by MRI of the brain, and patients are admitted to the medical ICU. Sepsis with a cerebrovascular episode and pseudobulbar palsy were the final diagnoses.

Conclusion: A type of ischemic stroke that affects the central nervous system is a cerebral vascular accident. Having an incidence rate 145 patients in 100,000 patients.(5) and men are more likely to get pregnant than women(2.39% vs. 1.22%) Urban communities reported slightly more strokes than rural areas did.(2.01% vs. 1.57%).(6) However, early detection and treatment are lowering the death rate and lowering the chance of developing diseases.(7)

Keywords: Cerebrovascular accident, Bulbar palsy, cerebrovascular disorders.

INTRODUCTION:

Any functional abnormalities of the central nervous system (CNS), peripheral nervous system (PNS), or both are referred to as cerebrovascular disorders. In India, there are 145 cases of cerebrovascular disorders for every 100,000 individuals.⁽⁸⁾ With a higher incidence rate for men (2.39 % vs. 1.22 %) than for women Urban communities reported slightly more strokes than rural areas did (2.01 % vs. 1.57 %). There are two different forms of stroke. One type of stroke is ischemic, while the other type is haemorrhagic. There are some parallels between two different forms of stroke. Etiology, pathophysiology, and medical management differ from nursing management..⁽⁷⁾ After malignancies, heart disorders, and respiratory disorders, it is the fourth most common cause of mortality. A clinical condition known as an ischemic stroke, often referred to as a cerebrovascular accident (CVA) or a cerebrovascular event, occurs when there is a sudden loss of function caused by an interruption in the blood flow to any area of the brain. Additionally, a cerebrovascular accident damages the central nervous system and results in bulbar palsy, which is characterised by a muscle immobility caused by cranial nerves with their cell bodies in the lower part of the brain stem. With facial palsy in 60%.⁽⁹⁾ The doctor's advice for prompt admission and vigorous therapy. Early detection and treatment are lowering mortality rates and lowering the risk of illnesses.⁽⁷⁾

CASE SCENARIO:

A 64-year-old man who was receiving ayurvedic treatment went to the hospital complaining of facial drooping, left side weakness, speech problems, and breathing difficulties. Prior to the onset of the symptoms, the patient appeared well., having a history of an inguinal hernia from more than 20 years ago and being treated for hypertension (HTN) with tablets of amlodipine (5 mg) and Ecosprin (75 mg) orally daily, according to his son.

there is no any history of loss of consciousness or seizures episode at home early investigation was done like CT-Brain shows acute infract on left corona radiata and right corona radiata with age related atrophic changes with small vessel disease, ECG shows sinus tachycardia , Chest X-ray imagining revels that patient having consolidation of fibro-bronchiectasis changes in the right upper lobe. Right upper and subpleural blebs in apical regions: focal areas of Para septal and centrilobular emphysematous changes and MRI Brain reveal acute infract in left and right corona radiata with age related atrophic changes and admitted in Medical ICU. With final diagnosis sepsis with cerebrovascular event with pseudobulbar palsy. Laboratory investigation shows.

| Investigation Name | Hb% | MCHC | MCV | MCH | Total Red blood cell count | Total platelet count | Total white blood cell count |
|--------------------|-----|------|------|------|----------------------------|----------------------|------------------------------|
| Results | 13 | 33.6 | 85.9 | 28.9 | 4.51 | 1.6 | 18900 |

| Investigation name | APTT-Control | APTT-Patient | Prothrombin Time-Control | Prothrombin Time-Patient | INR |
|--------------------|--------------|--------------|--------------------------|--------------------------|------|
| Results | 29.5 | 30.0 | 11.9 | 12.6 | 1.06 |

| Investigation Name | Urea | Creatinine | Sodium (Na+) | Potassium (k+) |
|--------------------|------|------------|---------------|----------------|
| Results | 53 | 1.1 | 144 | 5.1 |

| Investigation Name | Total Cholesterol | Triglycerides | HDL | LDL | VLDL |
|--------------------|-------------------|---------------|-----|-----|------|
| Results | 161 | 106 | 45 | 95 | 21 |

| Specimen | Microscopy | Culture | Gram Staining | Specimen |
|-----------------------------|--|--|---------------------------------|-----------------------------|
| BLOOD | | No growth after 2nd subculture. | | BLOOD |
| URINE | No RBC, no pus cell, No organism seen. | No growth | | URINE |
| ENDOTRACHIAL TUBE SECRETION | | Growth of Pseudomonas aeruginosa Growth of E. coli | Few pus cells seen GPC seen. | ENDOTRACHIAL TUBE SECRETION |
| BLOOD | | No growth of after 48 hrs of incubation. Further report if any to follow. | | BLOOD |
| URINE | No RBC, no pus cell, no organism seen. | Growth of non albicans candida | | URINE |

| ORGANISMS | AMIKACIN | AMOXICLAV | AMPCILLIN | AZTREONAM | CEFTIOXIME | CEFTOXIME | CEFTAZIDIME | CEFTAZIDIME-CLAVULANIC ACID | CEFTRIAXONE |
|------------------------|-----------|-----------|-----------|-----------|------------|-----------|-------------|-----------------------------|-------------|
| Pseudomonas aeruginosa | Sensitive | | | Sensitive | Sensitive | | Sensitive | | |
| E. coli | Resistant | Resistant | Resistant | Resistant | Resistant | Resistant | Resistant | Resistant | Resistant |

The patient was diagnosed with sepsis, cerebrovascular illness, and pseudobulbar palsy following the investigation's findings. It was recommended to continue taking anticoagulants and antiplatelets by the neurosurgeon. After consulting with an ENT surgeon about the patient's inspiratory stridor, who was instructed to have an AP cervical spine X-ray, HRCT thorax was performed. 7/10/22 s/o Changes in fibro-bronchiectasis occur in consolidated areas. Bronchoscopy-guided visualisation was suggested by the respiratory physician's opinion. Given the patient's respiratory distress, poor GCS, inability to intubate, and inspiratory stridor underwent A tracheostomy CT neck plain, a nasopharynx, oropharynx, hypopharynx with nearly total obstruction of the pharyngeal airway, a glottic and subglottic CT cervical spine, and other tests were performed to rule out any foreign body, inflammation, or mass as the reason of the respiratory distress. 10/10/22 A tracheostomy CT neck plain, a nasopharynx, oropharynx, hypopharynx with nearly total obstruction of the pharyngeal airway, a glottic and subglottic CT cervical spine, and other tests were performed to rule out any foreign body, inflammation, or mass as the reason of the respiratory distress. Utilizing a foleys catheter, daily input-output charts were created. The patient underwent repeated postural changes while receiving treatment. INJ piptaz 4.45 gm IV TDS, INJ clindamycin 600MG IV TDS, INJ meropenem 1GM IV TDS, INJ ceftazidime 1GM IV TDS, INJ linezolid 600MG BD, INJ optineuron 1AMP IV OD, INJ hydrocort 100 MG IV TDS, INJ Calcium Gluconate 100MG IV OD, Inj. Pan 40 MG OD IV, Inj. Emset 4 MG IV SOS Tab Ecosprin 75 MG OD Tab Clopitab 75 MG HS Tab Atorin 40 MG HS Tab Doxophylline 400MG TDS Tab Alprax 0.5MG HS Tab Amlo 5 MG OD Application of Soya Fit Powder TDS Chlorhexidine Mouth Was TDS Oral Etadine. 6 hourly nebulization with duolin and budesonide Mucomix 6 Hourly nebulization

DISCUSSION:

Any functional abnormalities of the central nervous system (CNS), peripheral nervous system (PNS), or both are referred to as cerebrovascular disorders. In India, there are 145 cases of cerebrovascular disorders for every 100,000 individuals.(10). There are two different forms of stroke. Ischemic stroke is one type, and A form of ischemic stroke that affects the central

nervous system is cerebral vascular accident. 145 cases in 100,000 patients make up the incidence rate (9). With a higher incidence rate for men (2.39% vs. 1.22 %) than for women Urban communities reported slightly more strokes than rural areas did (2.01% vs. 1.57 %). However, early detection and treatment are lowering the death rate and lowering the chance of developing diseases. bleeding-related stroke Although there are some parallels between the two types of stroke, there are differences in the aetiology, pathophysiology, and medical therapy with nursing..(10) An ischemic stroke, sometimes referred to as a cerebrovascular accident (CVA) or a cerebrovascular event, is a clinical condition that results from an interruption in the blood flow to any area of the brain. And the central nervous system is affected by the cerebrovascular accident, which results in bulbar palsy. It is a muscle immobility inverted by cranial nerves with their cell body and the lower part of the brain stem that is associated with bulbar palsy. With facial palsy in 60% .(11) The doctor's advice for prompt admission and vigorous therapy.

CONCLUSION:

A type of ischemic stroke that affects the central nervous system is a cerebral vascular accident. 145 patients per 100,000 patients make up the incidence rate. With a higher incidence rate for men (2.39 % vs. 1.22 %) than for women Urban communities reported slightly more strokes than rural areas did (2.01 % vs. 1.57 %). However, early detection and treatment are lowering the death rate and lowering the chance of developing diseases.

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