

An Incidental Finding During Neuro Evaluation

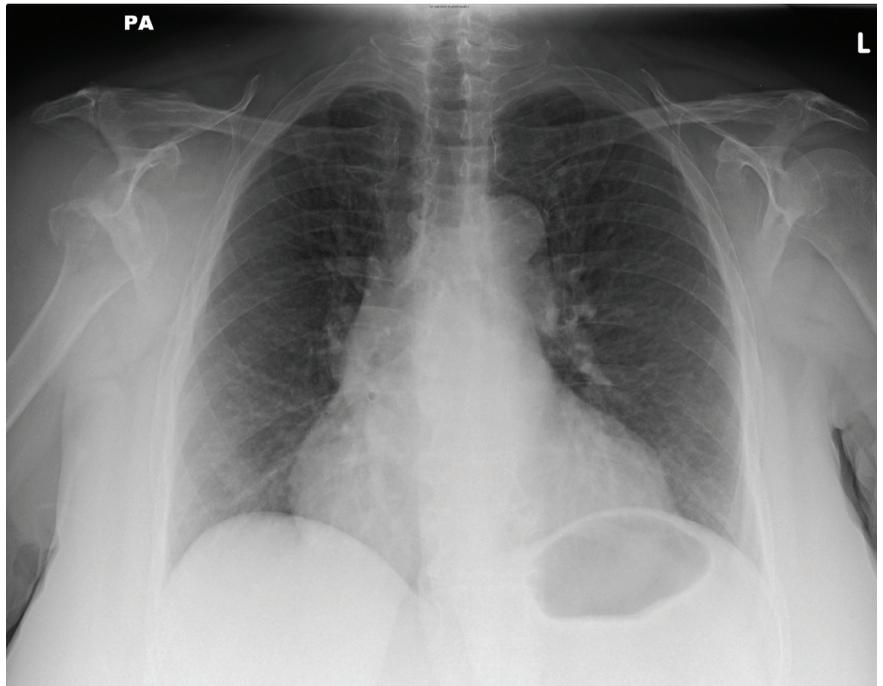
A 65-year-old woman is transferred to your facility from an outlying hospital for evaluation of a brain tumor. Family members found the patient sitting on the sofa, with a decreased level of consciousness. There was reported “seizure-type activity.”

When she arrived at the outlying hospital, the patient was noted to have right-side weakness. Stat CT of the head demonstrated a fairly large parasagittal mass, and the patient was urgently transferred to your facility for neurosurgical evaluation.

Primary survey on arrival shows an older female who is awake, alert, and in no obvious distress. Vital signs are normal. She has fairly pronounced

right upper extremity weakness, more proximally than distally. Otherwise, the exam grossly appears normal.

The patient’s initial imaging studies were sent with her on a



CD. As you are trying to view the images of the brain, a chest radiograph pops up on your screen. What is your impression?

see answer on page 29 >>



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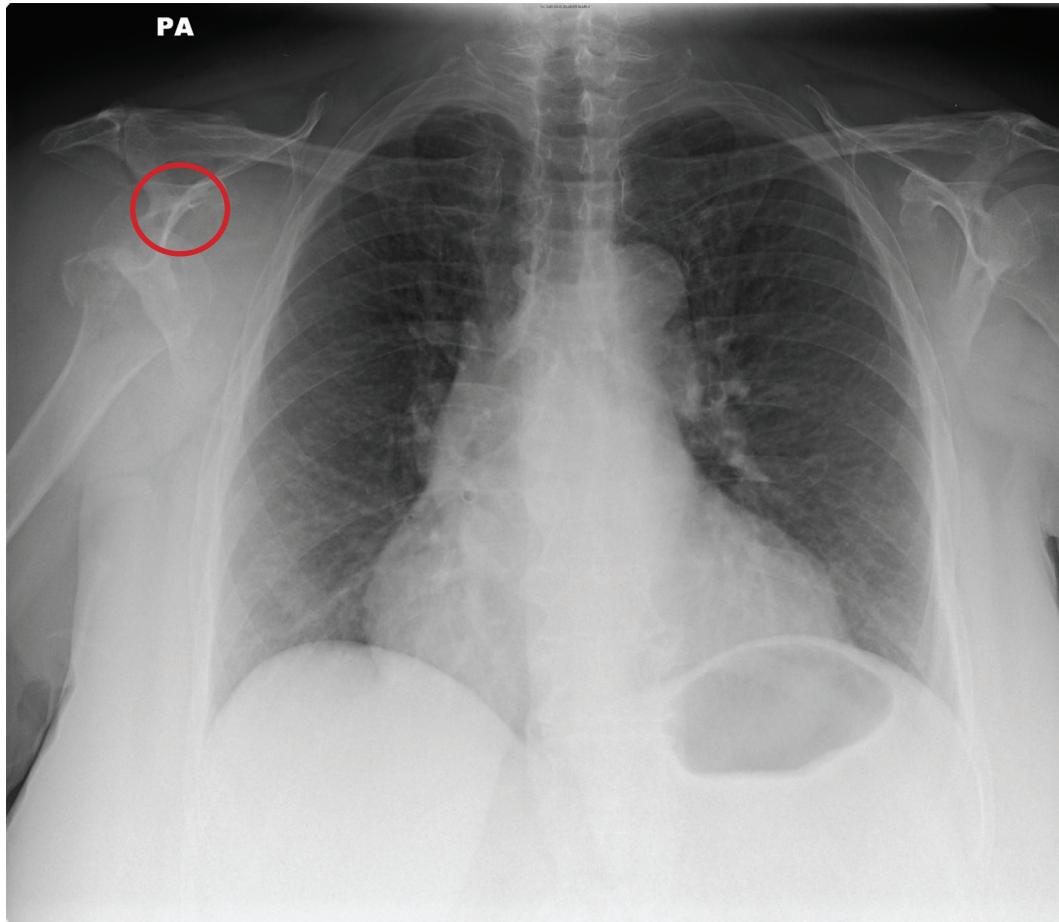
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ANSWER

The radiograph shows a normal-appearing chest. Of note, though, is an anterior dislocation of the right shoulder. In addition, there is a fracture within the greater tuberosity of the right humerus.

Prompt orthopedic evaluation is obtained. In further discussion with the family, it was revealed that the patient had been experiencing falls recently; this injury was most likely the result of one. **CR**



MALPRACTICE CHRONICLE

- Immobilization for at least three days or surgery within the previous four weeks (1.5 points)
- History of DVT or PE (1.5 points)
- Hemoptysis (1 point)
- Malignancy with treatment within previous six months (1 point)

Patients with a total score exceeding 6 points are considered high-probability for PE and

should undergo multidetector CT. Those with a score of 2 to 6 have moderate probability and should undergo high-sensitivity D-dimer testing; negative D-dimer results exclude PE and positive results warrant multidetector CT and lower-extremity ultrasound. In low-probability patients (Wells score below 2) with negative D-dimer results, PE is excluded; if D-dimer results are positive, multidetector CT should be ordered.

IN SUM

Extensive discussion of clinical predictive rules, diagnostic modalities, and treatment is beyond the scope of this comment. But clinicians should apply evidence-based decision-making rules to establish a diagnosis. And it should be apparent that hypoxic patients warrant close monitoring—particularly when a change of provider, service, or institution occurs. —DML **CR**