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CASE REPORT

Emergencies: A Series 11

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We present three cases of partial or intermittent unconsciousness, all of which resulted in recovery.

CASE 1

An 80-year-old male patient was unconscious suddenly after doing field-work.

1. He handed over the house key to someone in the house, became unconscious, and was brought to the hospital.
2. On examination, the patient was unconscious, the pupils reacting and advised admission.
3. The CT scan was found to be normal. On examination, pupils were bilaterally symmetrical, pinpoint and reacting to light.
4. He was placed on DIL, IV fluids 100 ml/hour.

   Inj. enoxaparin 5000 units subcutaneous,

   Q 12H,

   Antibiotic Inj. Ceftriaxone,

   I.V,

   BID.
5. He was not oriented to time and place. Treatment was continued. Around 4 AM, he partially regained consciousness. The treatment was continued since the patient was improving. His consciousness gradually improved and became normal within 5 days.
6. His problem was probably due to medullary involvement.

CASE 2

A 70-year-old female was brought to the ED in an unconscious state around 4 PM.

1. Her LOC is for about 2 hours. She was a known case of hypertension, diabetes, coronary artery disease, peripheral neuropathy, and dyslipidemia.
2. Her heart sounds regular, no murmur or added sounds. She made a grunting noise due to the accumulation of oral secretions.
3. Her CBG was 189 mg%, and her BP was 90/40 mmHg.

Unconscious, not responding to painful stimuli, with no neck stiffness; plantar responses are not elicited.

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Treatment History

She was treated with nebivolol, a newer beta blocker. Her heart rate was 60/min, and her SPO2 with 2 litres of oxygen increased to 98% after suctioning 20 ml of oral secretions.

Other medications administered were IV fluids at 60 ml/hr.

Inj. Dexamethazone 8 mg IV BD.

IV antibiotic

Diabetic and BP Chart

1. Around 6:30 PM, eyes opened after painful stimuli. SPO2 was 89% after suctioning with 3 litres of oxygen.
2. BP was 110/60 mmHg. Same day, around 3:30 AM, 80/ 30 mmHg. She was put on a dopamine infusion.
3. Around 6:45 AM, conscious, obeys the command. Able to move all forelimbs, not able to speak. Heart sounds normal.
4. SPO2 96% with 4 litres of Oxygen. Heart rate 64 bpm. BP110/80 mmHg.
5. Conscious, oriented, able to eat and speak. BP180/80 mmHg.

Added tablet amlodipine 2.5 mg and a change in BP drugs except nebivolol. Other medications: clopidogrel/ atorvastatin 40 mg.

Sorbitrat 10 mg TID.

Cause of LOC

Nebivolol, a newer beta blocker, prevents adrenergic response; hence, the BP did not rise.

CASE 3

This is a case of transient global amnesia.

1. A 40-year-old female was on vacation. Around 4 PM, she went to the falls, where water was falling on her head.
2. After getting out of the water, she couldn't remember anything, including the place and other things.
3. Her relative took her to a nearby hospital and then to a medical college hospital, where a CT of the Brain was taken and no issues were found, and the CT was standard.
4. On the way to her hometown, they took a tea break at midnight, and she slowly regained her memory.
5. An MRI was taken in another medical college hospital, and everything was normal.
6. A referral from a family physician suggested that it was a condition of transient Global amnesia. This condition may occur after extreme temperature changes.
7. Mostly, this condition is benign.