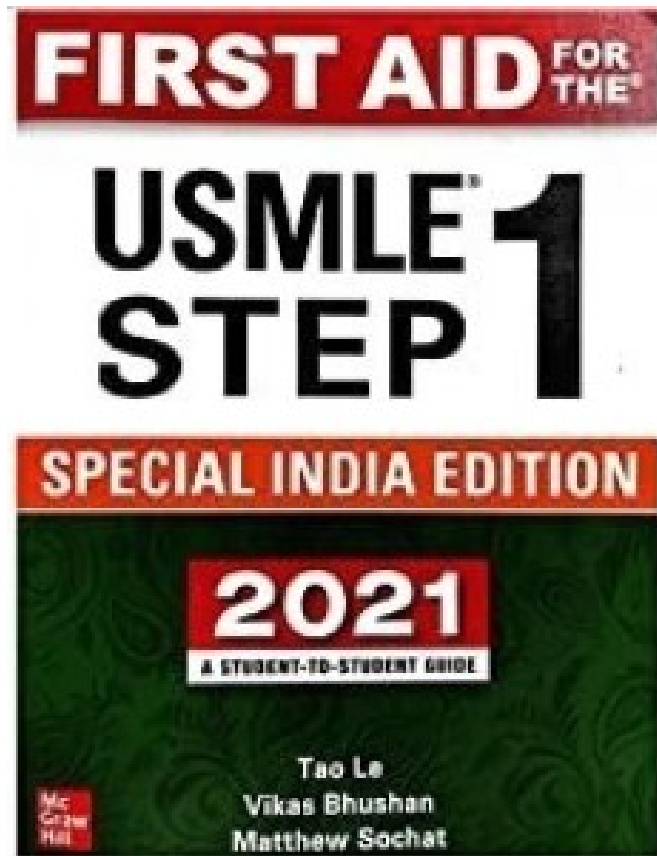

First Aid For The USMLE Step 2 CK, Ninth Edition (First Aid USMLE).mobi



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zip The patient is a 35-year-old Caucasian male whose past medical history includes hyperthyroidism treated with radioiodine, and liver cirrhosis. He has a weight loss of 70 kg over 3.5 years. He had a history of alcoholic abuse and was using illegal substances. The main complaints were abdominal pain and weakness. He reported a previous hysterectomy and amputation of the right arm. The patient was transferred from a detoxification center. The exam was performed in the emergency department. The patient is pale and extremely anxious. His blood pressure is 136/58 mm Hg and his pulse is 106. The abdomen is distended and tympanic and has absent bowel sounds. The patient has a large hemangioma covering the right chest, which is dark red.

Blood tests are consistent with a recent acute alcohol withdrawal. He has an undetectable blood alcohol level and K x - hydroxybutyrate dehydrogenase (K x - HBD) of 42 u/L. The patient is initially oriented to time and person. He states that he has

been drinking daily and is not sure how much alcohol he has had. The rest of the neurologic examination is normal. The patient has tachycardia, tachypnea, and agitation. The patient is unable to tolerate a lumbar puncture and a brain computed tomography (CT) was performed. The patient has large right-sided parieto-occipital subdural hematomas (Figures 1 and 2). The patient has a large hematoma of the right parieto-occipital region causing significant mass effect (Figure 2). Figure 1: Axial image (A) and coronal image (B) of a CT scan of the brain with contrast show large subdural hematoma. No other intracranial abnormalities are present. Figure 2: Axial image (A) and coronal image (B) of a CT scan of the brain without contrast show large right-sided parieto-occipital subdural hematoma (arrow). Note the brain oedema. There is no mass effect. The authors take full responsibility for the contents of this work. This work was supported in part by the Internal Medicine Department of the “Sf. Maria” University of Chieti-Pescara (Chieti, Italy). Doble MD George Elie 82157476af

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