

Neurology

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- Examination & History
- CNS
- MS
- Epilepsy
- Demyelinated Dz
- Headache
- CNS exam
- (Headache) → neurology
- complained

(Headache)

Types of Headache

- 1) Tension - type headache → Most common type.
- 2) Migraine headache.
- 3) cluster headache.
- 4) Hemispheric headache.

(sensation of pain)

Headache

central causes → headache

physical cause

(Hemorrhagic)

(Ischemic)

stroke

Pseudotumor cerebri, hemorrhage, Tumor → ↑ ICP

more common in Female
risk factor for
ICP, GH, Danazol, vit. A
obesity.

Dilated ventricles → ↑ ICP → Pseudotumor cerebri

Benign intracranial pressure → Ataxia, Urine incontinence, ↑ size of the ventricles
VP shunt.

Viral & bacterial meningitis → Infectious causes

Encephalitis

band like pain

(Tension - Headache)

sensation of headache

Bilateral

shoulders → radiation

lasting for hours → timing

Female

Middle age

hours to days 1 Duration • (20 → 40y) ← Age •

• Migraine headache (2) •
• Female

phonophobic • photophobic • nausea • vomiting • aura ← Additional symptoms •

— 3 NSAIDs : Relieving by • (Unilateral) ← location •

Headache • (complicated migraine) • Migraine • subtype •
• Unilateral weakness •

• cluster headache (3) •

Unilateral ← location • Male ← sex • Middle age ← Age •

rhinorrhea • lacrimation • conjunctival injection ← associated with •
and nasal congestion •

High flow oxygen ← Treatment •

(Verapamil → CCB) ← (cluster) ← prevention •
(Migraine)

By Beta blocker •
asthmatic •
two promise

• Hemicrania (4) •

Unilateral , Severe headache • young age • Female

• Lacrimation , nasal discharge • associated •

(Indomethacin) • Hemicrania • cluster headache • Female

(NSAIDs) • Indomethacin • highly responding • responding • Management •

(How to approach patient with headache) ?!

• personal history • History •

hemiconia • Tension headache • young age • Age

• ↑ ICP • other cause • Migraine • old age •

• Duration • headache • chief complaint ②

• ICP • how to differentiate • history •

not heard • (Analgesic overdose headache) •

• analgesic • headache • analgesic

- history من قبل المريض هل كان متعب في الـ Drugs وسته الـ presentation
- طبعا في History of PI الـ headache لازم افضل فيه هل هو (Uni/Bilateral)
- associated aura ولا هل هو nasal congestion الـ lacrimation
- هل في نرفاجيا ICP + ولا هل في projectile vomiting ، هل في blurred vision
- هل في loss of vision ، headache ، neck stiffness
- (Pseudotumor cerebri) idiopathic intracranial hypertension
- manifestation من قبل المريض (loss of vision) (six nerve palsy)
- هل في loss of consciousness ، convulsion ، Fever ، هل في (Meningitis or Encephalitis)
- Encephalitis
- هل في stroke ، هل في Unilateral weakness (left sided)
- tumor هل في tumor ما الـ history of trauma
- هل في weight loss ، night sweat ، anoxia ، headache بكون الـ Duration (Long term)
- Focal epilepsy
- Idiopathic IC hypertension هل في obese ، middle age female ، OCPs
- Vit. A وعتا الـ management بطولها بكون الـ (Acetazolamide) + osmotic Diuretic
- كذا وقت ICP LP → IF not respond
- risk factors
- هل في blurred vision ، photophobia ، vomiting ، neck pain ، هل في aura
- هل في hemiconia ، cluster ، Tension ، Migraine
- هل في aura بكون عارفة الـ Gender و الـ Age و بكون الـ aura
- هل في Migraine نقيض من (12 → 72h)
- هل في Bi or Unilateral
- هل في aura بكون تيكري في الـ Migraine أكثر
- هل في lacrimation ، nasal discharge ، هل في cluster headache
- هل في Male بكون الـ attack تبجي بالسهة

Vision loss

Unilateral headache (Giant cell arteritis)
 زحمة ريفية اقية تشو من
 old age كانت
 ← stroke

transient vision loss, headache
 TIA, high risk
 (Transient Ischemic attack)
 ← stroke

shoulder muscle stiffness
 Bilateral, Headache
 (Polymyalgia rheumatica) → Giant cell A.
 (low dose steroid)
 (High dose steroid)

Drug, history of PI
 related + Drug, history of PI
 and antiplatelet.
 not related
 Drug, other drug

Family history
 Migraine
 (Unlikely) Rare
 Glioblastoma multiforme
 GBM
 tumor

Subarachnoid headache
 Brain CT
 Thunderclap headache.
 Patients often describe the headache as the worst headache they have ever experienced.

(Physical Examination)

Disoriented
 Comatose
 conscious level
 Unconscious
 (stroke)

Vital signs
 check
 Eye
 pupil
 Fixed dilated
 size
 constricted
 Dilated
 Reactive

LMNL
 UMNL
 lower
 affected
 upper
 not

mouth deviation
 lower
 upper

smile
 LMNL
 affected
 unilateral
 smile
 Facial palsy
 Facial palsy

24h 220/120

area of Ischemia Expansion

24h blood pressure lowering

Antithrombotic

Stroke Acute management

(For two weeks)

Aspirin (300 mg)

Aspirin Clopidogrel

(High risk TIA) (Minor stroke)

Management

Stroke

For example / Dyslipidemia / silent AF / carotid artery stenosis

Silent AF monitoring of arrhythmic Echo cardiogram carotid artery U/S

Anticoagulant Indicate after stroke AF

risk factor LDL 190

stroke risk 7.5% atherosclerotic cardiovascular

Statin therapy Indication

(moderate to high intensity) indication Dyslipidemia

Low moderate High intensity

Atorvastatin (40-80 mg) Rosuvastatin (20-40 mg)

Blood glucose level tight control Blood pressure tight control

basal dose of insulin (Euglycemic)

24-28h high blood pressure control

management complication stroke

physio therapy Disability (PE SVD) VTE

thrombolytic therapy prophylactic anticoagulation

Disabling hemorrhagic stroke 48h

ischemic stroke

- (Aspiration pneumonia) ← بقاء لازم تركب للمريض (Nasogastric tube)
- UTI
- Septosemia
- Depression + 90% من مرضى stroke يدخلون في Depression

* لو رقت صورت CT ولقيت غث (Brain hemorrhage) ← next step انزل blood pressure و lowering
 انزل سرعة تنفس 25% يعني ينزل البقي خلال 24 ساعة.
 لغايقه و اهدفه target تبقي blood pressure (130/80) +
 و انت بتقول ان blood pressure لازم يكون متوازن مع الـ neurosurgery

- + طبيا في ريف stroke يكون طاقه CBC و chemistry و INR
- * hamorrhagic stroke و complication

1- cerebral vasospasm ← hamorrhagic stroke و local complication
 Vasospasm دلتا يدخل في secondary ischemia
 ليايها عن طريقه act Drug (Nimodipine)

Subarachnoid hemorrhage drug اوله بتدور في

- 2- cerebral edema ← على اعليه Decort , Acetaminol
- 3- mid line shifting
- 4- hydrocephalus