

Case 4: RIGHT ARM WEAKNESS AND APHASIA (Slide CC14-7)

CC: The patient is a 50 year old woman with a history of cigarette smoking and hypertension who suddenly developed **right sided weakness and numbness and inability to speak.**

HPI/PMH: The patient was previously healthy except for a history of cigarette smoking and hypertension. She was doing the laundry when she suddenly slumped to the floor. A few minutes later, her daughter came into the room and found her lying on a pile of laundry awake but unable to speak or move the right side of her body.

Physical Exam: Well developed woman in moderate distress.

T=98; P=88; BP=130/70; R=16. Neck-supple Lungs-clear Cor-nl. Abd-nl. Ext-no edema.

Neuro: Mental Status - Alert, attentive, **follows only simple commands** e.g.

"open your mouth," "squeeze my hand," but not e.g. "point at your face."

**No speech. Occasional incoherent moaning only.**

Cranial Nerves - PERRL. **No saccades into right hemifield.**

Fundi- no papilledema. **Right facial droop, sparing upper face.**

Tongue in midline. Normal gag reflex.

Motor - Moves left arm and leg spontaneously with normal strength.

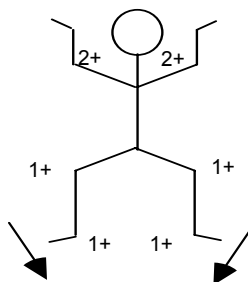
**Right arm flaccid, 0/5 strength. Right leg with 1/5 to 2/5 strength.**

Reflexes -

Coordination/Gait - not tested.

Sensation - Withdraws left arm and leg briskly to gentle nail bed pressure.

Grimaces on right foot nail bed pressure with minimal withdrawal. **No response to right hand nail bed pressure.**



Questions:

1. For each of the symptoms and signs appearing in **boldface** above, use your knowledge of neuroanatomy to localize the structures which could be involved.

2. Attempt to unify these findings in a single diagnosis.