

SOAP #4

S:

MS is a 41 y/o F with pmh of DM2 p/w LT sided facial drooping, numbness, and weakness for the past 2 hours. Patient states that sx's started upon waking up. She endorses difficulty drinking fluids without spilling.

Denies any recent trauma, head injury, LOC, headache, dizziness, nausea, vomiting, hearing/vision changes, sensory disturbances, ataxia, loss of strength, change in cognition/mental status/memory, CP, SOB

PMH: DM2 and HTN

PSH: 2 c-sections

Allergies: NKDA

Medications: Metformin and Hydrochlorothiazide

FHx: Non-contributory

SHx: Non-Smoker, Social EtOH use, Denies illicit drug use

O:

T 37.2C | BP 112/71mmHg | P 68 BPM, regular | RR 16 breaths/min, unlabored | SpO2 98% RA

H 62in | W 146 lb. | BMI 26.7

Gen: Overweight, neatly groomed, looks her stated age of 41 years. AxO x3. Appears in no acute distress.

Skin: warm, dry, *no rashes*

CV: RRR. S1 and S2 are normal. There are no murmurs, S3, S4, splitting of heart sounds, friction rubs.

Pulm: Clear to auscultation and percussion bilaterally. Chest expansion symmetrical. No wheezing, rhonchi, rales, dullness.

Musculoskeletal: Strength 5/5 in UE and LE. Full active/passive ROM of all extremities without rigidity or spasticity. No deformity or edema throughout. Warm to touch. Negative straight leg raise B/L. Sensations intact throughout. Pulses 2+ throughout.

Neurological: *LT sided facial drooping, inability to wrinkle the forehead, inability to voluntarily contract LT facial muscles, drooping at the LT corner of mouth, incomplete closure of LT eye, inability to puff out cheeks.*

Otherwise cranial nerves intact, reflexes symmetric, sensation normal, cerebellar testing WNL, EOMI, PERRL, no nystagmus

A:

41 yo female with LT sided facial drooping, numbness, and weakness appearing with LT sided facial drooping with sparing of forehead, drooping at the LT corner of mouth, incomplete closure of LT eye, and inability to puff out cheeks on exam. Likely Bell's Palsy.

Differential Diagnosis:

- Bell's Palsy
- CNS tumor

P:

Labs: None

Imaging/Tests: None

Bell's palsy:

- Prednisone 60mg qd x 1 wk
- Valacyclovir 1000mg TID x1 week
- Artificial tears as needed for dryness, wear protective glasses or goggles for safety, tape LT eye close at night
- Follow up with ophtho

Initial DDx Based on CC:

- Bell's Palsy

Adjusted DDx After H&P:

- Bell's Palsy

- CVA
- Trigeminal neuralgia
- Tick paralysis
- Lyme Disease
- Ramsay Hunt syndrome
- CNS tumor
- Acoustic neuroma or other cerebellopontine angle lesions
- Meningioma
- Facial nerve schwannoma
- Cerebral Aneurysm

- CNS tumor