

ESIM Winter School 2014

# Clinical Case Presentation

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# 83-year-old patient

## History 16.07.2013

- Patient had a minor car accident at 5 pm and was found by the police at 6 pm unconscious and with convulsions
- Ambulance: GCS 3, T 41.5°C, Gluc 15mmol/l, soiled with stool  
→ intubated to the ER

# 83-year-old patient

## Personal History

- Dementia, moderate with cognitive deficits, ED 11.07.13
- MRI neurocranium 09.07.13: brain volume reduction, otherwise normal findings
- Coronary und valvular heart disease
  - ACB 1988, 2001, PTCA/Stenting left coronary artery 2010
  - moderate aortal valve stenosis and mitral valve insufficiency
- Gastrectomy due to gastric cancer 2001

## Medication

- Bromazepam 3mg, Phenprocoumon 3mg, Valsartan/HCT 160/12.5mg, Pantoprazole 20mg, Vitamin D3

# Differential Diagnosis?

## Main symptoms:

- seizure
- unconscious
- high body temperature
- no hypoglycemia

# 83-year-old patient

## Initial Presentation

- Clinical examination: T 41.5°C, dehydrated
- Full body CT scan: no intracerebral hemorrhage, no focus of infection
- Blood tests:  
neutrophilia, CRP normal, Creatinine 145 μmol/l (59 - 104)  
art. blood gases: metabolic acidosis, BE -7.7 (-3.0 - 3.0)
- CSF: 1 cell \*10<sup>6</sup>/l, Protein 694 mg/l (200 - 400)

# 83-year-old patient

## Follow up

- Suspicion of meningoencephalitis
  - Ceftriaxon, Amoxicillin, Aciclovir, Dexamethasone
  - Cooling measures with Paracetamol and cool infusions (3 litres)
  - Regaining consciousness (GCS 14), afebrile, extubation

# Heat Stroke

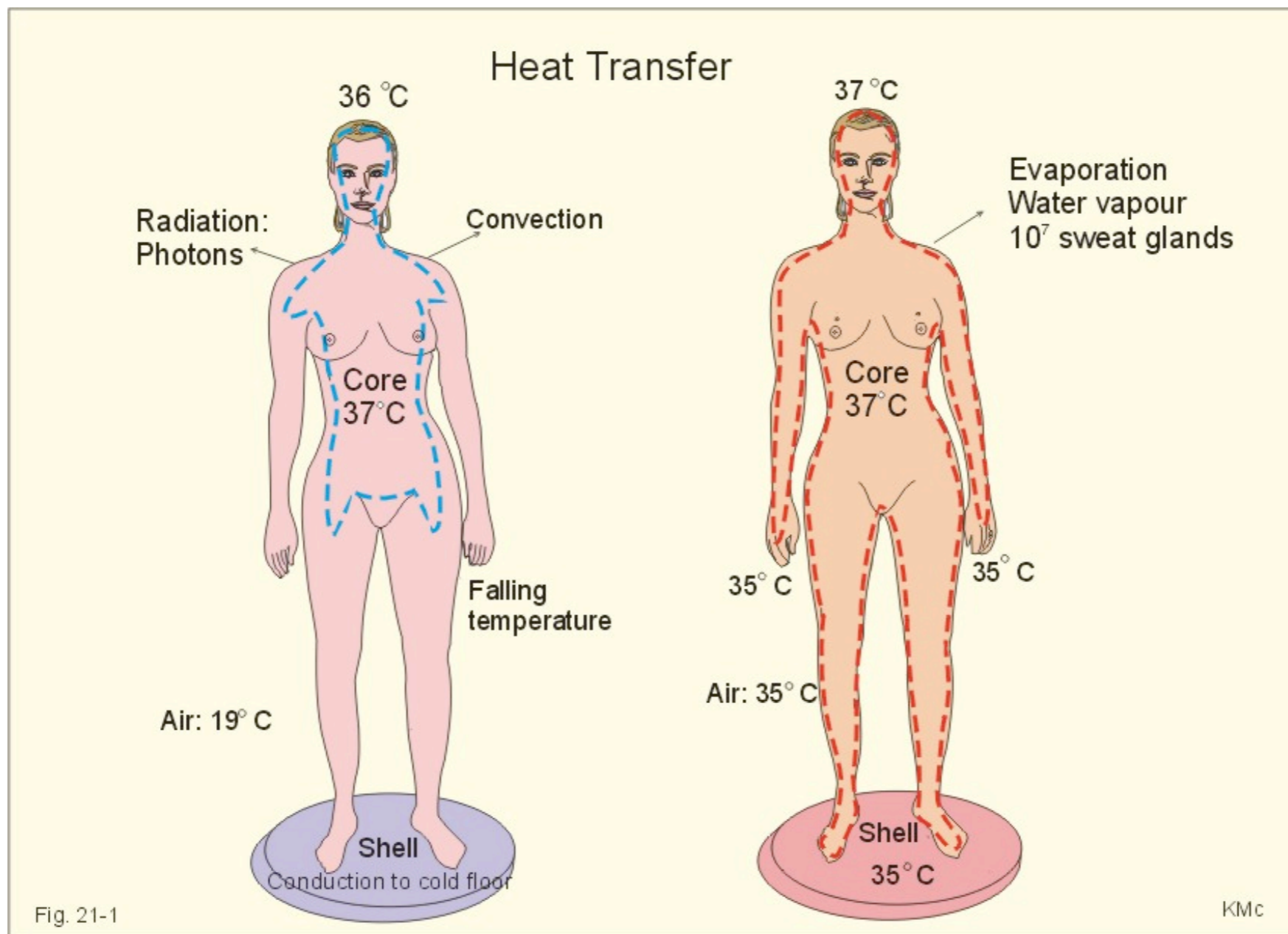
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Risk factors: cardiovascular, neurological or psychiatric disorders, obesity, anticholinergic drugs or diuretics

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# Differential Diagnosis

- Meningitis/encephalitis or sepsis
- Cerebral hemorrhage oder ischemia
- Malignant hyperthermia (in close context of anesthesia)
- Malignant neuroleptical syndrome (no association in time)

# Therapy

down to  
38°C



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Pharmacologicals like Paracetamol are without effect.

# Important points

- High body temperature does not always indicate infection
- Heat stroke is an exclusion diagnosis: look for infection
- Mortality is high, therefore intensive care and rapid cooling measures necessary



41°C

