

Neurology Exam Part 2

micro drip study guide

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(Neurology)

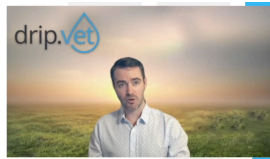
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Lesion Localization

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- Forebrain (Thalamocortical)
 - Contralateral postural deficits
 - Contralateral cranial nerve deficits
 - Dullness, stupor, coma
 - Loss of learned behaviors
 - Pacing, circling, wandering
 - Behavioral changes
 - Seizures

If we're worried about a forebrain, what should we see? These are issues in the thalamocortex. And they typically involve contralateral postural deficits. We should see contralateral cranial nerve deficits. You may see dullness, stupor, or coma.

Most of these patients will have losses of learned behaviors. A lot of these things are pacing, circling, wandering, getting stuck in corners, having trouble navigating the house, changes in routine, affection, appetite. They may even have accidents in the house that are very abnormal, like urinary or fecal accidents. They may go into random places.

And then the last thing we always ask about is seizures. Hallmark for cortical disease-- if you see a patient with seizures, they have cortical disease at that point. We need to figure out if it's something more concerning or not.

Lesion Localization



■ Brainstem

- Ipsilateral deficits
- Altered level of consciousness (ARAS)
- CN III-XII
- Ataxia, dysmetria
- Gait abnormalities

What will we see in the brainstem? You should actually see ipsilateral deficits. All of those issues should be on the same side. And you might actually see an altered level of consciousness due to that ascending reticular activating system.

Cranial nerves three through 12 may be affected, depending on where the lesion is. And you might also see gait abnormalities and that ataxia due to those descending spinal tracts. Remember, the brainstem has both the mesencephalon, metencephalon, and myelencephalon. And so that's the midbrain, pons, and medulla, respectively.