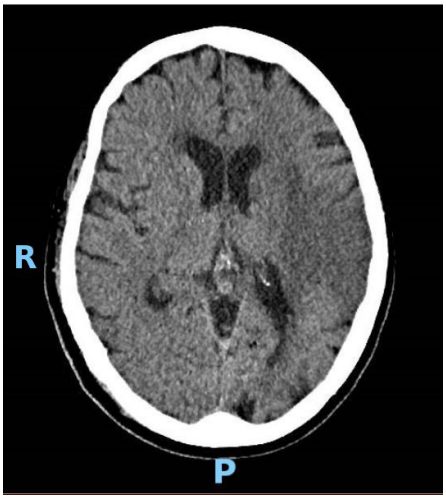
QUIZ ANSWERS: Unenhanced Brain Computerised Axial Tomographic (CAT) scan quiz

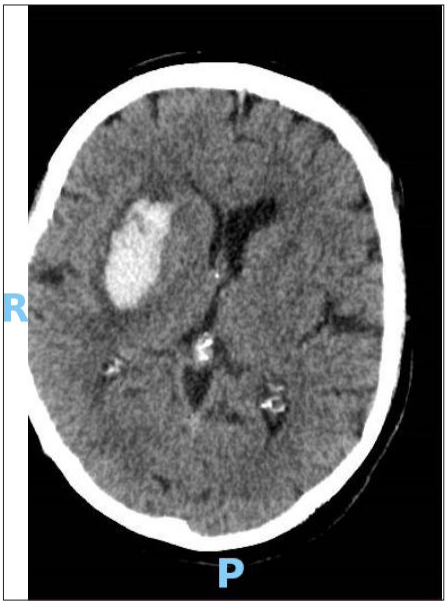
See questions on page 32

Scan 1



1. Left middle cerebral artery (MCA) territory low attenuation. There is loss of the sulci lateral to the area of low attenuation.
2. Acute left MCA infarction.
3. Assess and monitor level of consciousness, oxygen saturation, assess swallowing, if dysphagic, not to drink or eat until deemed safe to do so after reassessment, start intravenous fluids to maintain hydration, start high dose aspirin 300mgs orally daily (or if allergic to aspirin, prescribe clopidogrel according to local guidelines), apply intermittent pneumatic compression (IPC) to legs to prevent deep vein thrombosis unless there are contraindications. Review patient by senior doctor daily or if condition changes.

Scan 2



1. Hyperdense ovoid lesion in the right basal ganglia region, there is associated perilesional oedema (dark rim surrounding the hyperdense lesion) and the right lateral ventricle is compressed suggesting a mass effect.
2. Right basal ganglia intracerebral haemorrhage, most likely due to uncontrolled hypertension.
3. Monitor level of consciousness using the Glasgow Come Scale (GCS). If there is a drop of two points on the GCS, rescan the brain in case of increase in the haemorrhage or development of hydrocephalus if intraventricular extension should complicate the clinical picture. Maintain blood pressure ≤140/80 but above 100/60 mmHg. If dysphagic, keep "nil by mouth" until re assessed. Insert nasogastric tube for feeding, hydration and administration of medicines until patient can swallow safely. Monitor temperature and oxygen saturation in case of aspiration pneumonitis.

   Apply intermittent pneumatic compression (IPC) to prevent deep vein thrombosis. Review patient by a consultant or senior doctor daily in the first week. Inform the local Neurosurgical centre, if there is one, for an opinion on surgical intervention should this become necessary.

Dr Eluzai Hakim