Case Study: Stroke and Diaphragmatic Palsy leading to Pneumonia

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ABSTRACT

The authors discuss the clinical complexities surrounding an 85-year-old male complaining of left sided weakness for one month, along with cough and fever for 20 days. Findings on non-contrast CT scan of the brain showed an acute-on-chronic infarct in the right parietal region, in the territory of the right middle cerebral artery, with lacunar infarct in the left thalamus. A chest radiograph showed a heterogeneous opacity in the right lower zone, and air bronchogram with an elevated right dome of the diaphragm. The patient was diagnosed to have suffered a stroke with a subsequent right-sided pneumonia due to diaphragmatic palsy. The patient was put on ventilator and further supportive management was instituted. This article presents the clinical course of the case and the experiential learning associated with it.

Keywords: Acute-on-Chronic Infarct, Brain, Stroke, Diaphragmatic Palsy, Lacunar Infarct, Pneumonia

INTRODUCTION

Acute ischemic strokes are a common finding in clinical practice. Middle cerebral artery involvement commonly presents with contralateral hemiplegia. We report a case of left hemiplegic stroke, associated with diaphragmatic palsy. Diaphragmatic palsy, which can occur in patients with stroke, predisposes patients toward a greater degree of respiratory dysfunction, leading to pneumonia. An awareness of this rare presentation of diaphragmatic palsy subsequent to a stroke is critical for ensuring proper management and optimal patient outcomes.

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