

## Case studies

### 1. Headaches

A 39 year old female presents to your room. She is RVD reactive on treatment since 2016, and was recently changed from TEE to TLD in September. Her most recent viral load was 294 and her CD4 count was 752 from June this year. She has been complaining that for two weeks she has had a headache and left sided numbness and weakness. She denies any nausea or vomiting, cough or dyspnea, and has not experienced any fever.

On examination she has a BP 149/89 HR 71 and is afebrile. She does not look acutely unwell and has walked comfortably onto the examination bed.

On neurological exam, she has a GCS of 15/15, midpoint pupils that are reactive to light, and photophobia of the right eye. She also has meningism. Her left upper limb has increased tone with power 5/5 and her left lower limb has power 4/5 with brisk reflexes and increased tone.

Case questions:

1. What is your differential diagnosis?
2. What investigations would you do?
3. What are the headache red flags present in this case?

### 2. Epilepsy

30 year old female presents to the casualty with her mother after having a GTC seizure at home.

They report a similar episode 1 month ago for which she was admitted to Bara. In her Bara file you see that she had a witnessed GTC and had a full work up done including Electrolytes, LFTs, HIV, Tox screens, EEG, CTB and no abnormalities were identified. After your consultation you diagnose her with epilepsy.

1. What medication would you initiate her on and at what dose?
2. What advice would you give her in terms of potential seizure triggers?
3. She wants to know if she'll have any problems when having children if she's on anti epileptic treatment. What will you counsel her about concerning pregnancy and contraception?