

THE MOUNT SINAI HOSPITAL  
NEW YORK

## SUMMARY

..... M.S.H. Admission

Dr.

Service:

Date of Case Summary:

Dictator and Date of Dictation:

M.S. Klein

Patient:

Unit No.

104 0588

Admitted:

11/9/75

Discharged:

11/25/75

DISCHARGE DIAGNOSIS

OPERATIONS (IF ANY)

RIGHT FRONTO-CRANIOTOMY  
CLIPPING OF INTERNAL CAROTID  
ANEURYSM, WRAPPING OF SECOND  
INTERNAL CAROTID ARTERY  
ANEURYSM. Dr. S.Hollin and  
Dr. J. , Dr. S. Klein

HISTORY: This is the first MSH admission for this 19 year old female, who was in excellent health until 10/15/75, at 4:am, when the family heard the patient murmuring and admitted she was unresponsive. An ambulance was called and the patient was taken to Elmhurst City Hospital. On arrival the patient was lethargic with severe headache and nausea. A drug overdose was suspected and the patient was admitted to the Psychiatric ward. The next morning the patient was completely rational with severe headache and stiff neck and the patient was sent home the next day. The headache and nausea continued while the patient was home and the family doctor was called and placed the patient on Codeine. She remained home five days while the family tried to contact the Neurologist. The Neurologist recommended hospitalization and it took five days to get her in Booth Memorial Hospital. On arrival to Booth Memorial she had a lumbar puncture which showed a small amount of blood, xanthochromic spinal fluid. After this she had an angiogram which showed an aneurysm of the right internal carotid artery.

REVIEW OF SYSTEMS: Negative.

Patient:

Unit No.

104 0589

PHYSICAL EXAMINATION: The general physical examination was WNL.

On neurological examination the patient was a alert, lucid with normal mentation and the gait was not tested. The cranial nerve examination revealed the cranial nerves to be completely WNL. Motor exam was within normal limits. Sensory exam was WNL. Reflex examination was WNL.

The impression was a grade 0 aneurysm, post sub-arachnoid hemorrhage.

HOSPITAL COURSE: On 11/12/75 the patient had a right carotid angiogram under general anesthesia. This showed an aneurysm of the internal carotid artery, just proximal to the bifurcation on the right. Prior to surgery on 11/13/75 the patient had a normal urinalysis and normal chest x-ray and normal pro time and normal CBC and normal SMA-6 plus 12 and normal electrocardiogram. On 11/13/75 the patient was taken to the OR and the aneurysm, one, was cleared and the second aneurysm was discovered on the supraclinoid portion of the internal carotid artery on the right and this aneurysm was wrapped with muslin. Postoperatively the patient was taken to the PICU, where she remained completely stable and remained in the INCU for several days. She was then transferred to Surgical free ward where her postoperative course was completely unremarkable and the patient was sent home on 11/25/75 to be followed up by her private physician, Dr. Sidney Hollin.

M.S. Klein, M.D./hm

MS

2/6/76