# Deaths due to Cerebro\_Vascular Accident/Hypertension

Case 1

A 75-year-old female had a 15-year history of noninsulin-dependent diabetes mellitus, a 13-year history of mild hypertension treated with thiazide diuretics, and an uncomplicated myocardial infarction 6 years prior to the present illness.

She was found disoriented in her apartment and brought to the hospital. On admission she was noted to be unresponsive, without focal neurologic signs, and severely dehydrated with a blood pressure of 90/60. Initial laboratory tests disclosed severe hyperglycemia, hyperosmolarity, azotemia, and mild ketosis without acidosis. A diagnosis of hyperosmolar nonketotic coma was made.

The patient was vigorously treated with fluids, electrolytes, insulin, and broad-spectrum antibiotics, although no source for infection was documented. Within 72 hours, the patient’s hyperosmolar, hyperglycemic state was resolved. However, she remained anuric with progressive azotemia. Attempts at renal dialysis were unsuccessful, and the patient died on the 8th hospital day in severe renal failure.

Case 2

A 78-year-old female with a temperature of 102.6°F was admitted to the hospital. She has had a cerebro-vascular accident, 2 years back which left her with a residual left hemiparesis. Over the next year, she became increasingly dependent on others to help with her activities of daily living, eventually requiring an in-dwelling bladder catheter 6 months before the current admission.

 For the 3 days prior to admission, she was noted to have lost her appetite and to have become increasingly withdrawn. On admission to the hospital her leukocyte count was 19,700, she had pyuria, and gram-negative rods were seen on a gram stain of urine. Ampicillin and gentamicin were administered intravenously.

On the third hospital day, admission blood cultures turned positive for Pseudomonas aeruginosa, which was resistant to ampicillin and gentamicin. Antibiotic therapy was changed to ticarcillin clavulanate, to which the organism was sensitive.

Despite the antibiotics and intravenous fluid support, the patient’s fever persisted. On the fourth hospital day, she became hypotensive and died

Case 3

A 65 year old man was admitted to the hospital with slurring of speech and weakness of the right side of the body for 4 hours. He is known patient with hypertension for 13 years and was on regular treatment.

On admission he looked ill and his blood pressure was 200/110. Neurological examination revealed motor weakness of the right side of the body and clinical diagnosis of stroke was made by the treating physician. His random blood sugar on admission was 215mg/dl but he has never being diagnosed with diabetes mellitus before. The CT scan revealed a haemorrhage in the brain and was treated accordingly. On the 5th day he developed fever and cough and was treated with IV antibiotics for hypostatic pneumonia. He died after 3 days.