



Examen för auktoriserad translator 11.11.2017

Språk och språkriktning

från svenska till andra språk

Ämnesområde (aukt3)

medicin

Översättningsuppgift

på följande sida

1. Källtext

Källa:

<http://jrmedicalsupplies.com.au/wp-content/uploads/2014/08/Case-3-MCA.pdf>

2. Översättningens syfte

För att användas i försäkringsrättslig process

*Obs! Skriv inte bestyrkningsfras eller namn på översättningen!
På grund av det underkänns examensprestationen.*

Den text som ska översättas har 2025 tecken

CLINICAL BACKGROUND

A 32 year old male presented with acute onset of right Middle Cerebral Artery (MCA) Syndrome. The patient received tPA at hour 3 and was subsequently intubated and transferred to a comprehensive stroke center.

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CLINICAL NOTES

Upon admission to the NICU for post-tPA care, the patient received intravenous hypertonic saline and was closely watched for malignant cerebral edema. Pupil assessment with a penlight revealed equal pupils, 4 mm in size, and briskly reactive. At hour 12, propofol was suspended for the neurological exam and the patient followed commands intermittently with his right side. Pupillometry was initiated.

Pupil examination using the NPi-100 Pupillometer showed anisocoria and a L > R pupil dilation with a corresponding drop in Neurological Pupil index. Improvement in the NPi and pupillary size consistently occurred multiple times after 23% HTS boluses were administered. This response of the pupils was not apparent on bedside exam with a penlight. At hour 34, the patient presented with a plegic left leg but continued to follow commands. Pupillometry measurements showed a L > R pupil dilation with abnormal NPi measurements.

At hour 47, continued pupillometry measurements showed bilateral pupil dilation and worsening NPi readings, which improved transiently with HTS boluses. Again, this was not evident on bedside assessment with a penlight. A follow-up CT scan revealed worsening midbrain compression, effaced cistern and a midline shift of 11 mm. At hour 72, the patient stopped moving his arm. Upon continued neurological monitoring, right pupil miosis was determined, followed by progressive bilateral mydriasis, which finally became evident on bedside routine pupil exam. Right ptosis was observed and the nursing assessment reported "sluggish pupil". At hour 76, a CT scan showed an effaced left cistern and trapped temporal horns with a 13 mm. shift. A hemicraniectomy was done by Neurosurgery Service. Post-hemicraniectomy, pupil size and NPi readings returned to normal.