# Case 9, Patient Name: Mason Jones

## Subjective:

The patient is a 50-year-old male who presented to the emergency department with complaints of severe lower back pain, bilateral leg weakness, and difficulty with urination and bowel movements. The patient reports that the symptoms started suddenly and have been progressively worsening over the past 24 hours. He denies any recent trauma, fever, or chills.

## Objective:

On physical examination, the patient appears uncomfortable and is lying flat on his back. Vital signs are stable. Neurological examination reveals bilateral lower extremity weakness, decreased sensation to light touch, and absent ankle reflexes. PR examination showed altered anal sensation and loss of anal tone.Examination of the lumbar spine reveals tenderness to palpation and a positive straight-leg raise test. There is no evidence of skin lesions, joint swelling, or deformities.

## Assessment:

Based on the patient's symptoms and examination findings, the patient is suspected to have cauda equina syndrom. Other potential differential diagnoses include spinal stenosis, herniated disc, spinal cord injury, and infectious or inflammatory disorders.

## Plan:

1. Immediate transfer to a neurosurgical center for urgent evaluation and management.
2. Magnetic resonance imaging (MRI) of the lumbar spine to assess for spinal cord compression and identify the underlying cause of the cauda equina syndrome.
3. Administration of intravenous methylprednisolone to reduce inflammation and prevent further neurological damage.
4. Initiation of bladder and bowel management program to prevent urinary retention and fecal incontinence.
5. Pain management with intravenous opioids and non-steroidal anti-inflammatory drugs (NSAIDs) as needed.
6. Consultation with Spine specialist and physical therapist, to provide comprehensive care and rehabilitation services.