



## *“The pain is unbearable!”*

David Yue, MD

**K**en, 22, presents with a history of sudden onset of intense pain in his face, jaw and teeth. The pain started at home two days ago, while he was working at his computer. Pain initially lasted two hours and Ken fell asleep afterwards. He took ibuprofen and Tylenol®#2, with no relief.

Ken describes the pain as an electric shooting type and also complains of nausea, photophobia and phonophobia. He says he is panicky and could not move during the pain episode. He denies any numbness, weakness or visual disturbances.

There is no history of migraine or seizure. He has never been treated for depression or anxiety attacks. He has mild asthma, but is not taking any medications. He is a non-drinker and admits to occasional marijuana use.

He is referred to a neurologist and his physical exam is essentially normal. A computed tomography scan of the head does not show any pathology.

### Ken's lab exam results

- Complete blood count/differential: Within normal limits
- Alanine aminotransferase: Within normal limits
- Cholesterol: Within normal limits
- Creatinine: Within normal limits
- Urea: Within normal limits
- Urinalysis: Within normal limits
- Calcium: Within normal limits
- Potassium: Within normal limits
- Sodium: Within normal limits

### Ken's exam results

- Blood pressure: 110/80 mmHg
- Pulse: 72 beats per minute
- Respiratory rate: 14 breaths per minute
- Temperature: 36.8 C
- He is alert and not anxious
- Mood and affect: Normal
- Head and neck exam: Normal cranial nerves II-XII
  - PERLA (pupils equal, react to light and accommodation) and fundi: Normal
  - Range of motion of neck: Normal and supple
- Cardiothoracic auscultation: Normal breath and heart sounds
- Abdomen: Soft to palpation and no organomegaly detected
- Gait: Normal
- Motor exam: Normal tone and power
- Reflexes: Symmetrical
- Sensory exam and co-ordination: Normal
- Radiographs of his sinuses: Normal

### *What's your diagnosis?*

- a) Trigeminal neuralgia
- b) Migraine
- c) Panic attack
- d) “Bad trip” from illicit drug use
- e) Multiple sclerosis

**Answer:**  
*“Bad trip” from illicit drug use*

Ken returns to the office five months later and reports another episode from the previous day. His neurologic exam is entirely normal again.

Upon persistent questioning, he admits these symptoms appear after he smokes 0.2 g of marijuana. And on two other occasions he's had the attack after using LSD and crystal amphetamines.

He is advised these symptoms are adverse physiologic effects from the different illicit drugs used. He is recommended to avoid these chemicals in the future. **Dx**

Dr. Yue is a general practitioner, Edmonton, Alberta.

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