

CASE REPORT

Crotalus oreganus concolor: E
V A a a a D a c C u u
M u c S

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Case Presentation

A healthy 61-year-old male with a long history of hypertension and diabetes mellitus (type 2) was admitted to the hospital with a 2-day history of severe, bilateral lower extremity weakness and numbness. The patient had no recent falls, trauma, or changes in medication. He had no history of stroke, seizures, or other neurological conditions. His medical history was significant for hypertension, diabetes mellitus, and hyperlipidemia. He was on lisinopril, metformin, and atorvastatin. Physical examination revealed symmetric, lower extremity weakness and sensory deficits. Laboratory studies, including complete blood count, electrolytes, renal function, and glucose, were within normal limits. A computed tomography (CT) scan of the head was unremarkable. A magnetic resonance imaging (MRI) scan of the spine showed a T12 vertebral fracture, which was likely the cause of the patient's symptoms. The patient was treated with pain management and physical therapy. He was discharged on day 10 and is recovering well.

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