

PS2.099

Suspected stroke: presyncope secondary to medication change

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Personal History: Woman, 69 years. Hypertension. Paroxysmal atrial fibrillation. Ischemic heart disease. Hypothyroidism. Treatment with beta-blocker (bisoprolol) of recent onset, eutirox (in regulation), amlodipine and anticoagulant.

Current Illness: Come to hospital emergency department following hypoesthesia in both hands and dizziness after box cold sweats and discomfort from two hours ago. Also presented hypotonia box but without loss of consciousness. No loss of sphincter control. Relates some improvement but persistent symptoms. No clinical infectious.

Physical examination: a note on neurologic examination, Romberg unstable with fall backwards and to the left. No other significant findings.

Investigations: Blood Tests: no significant findings TAC Skull Unclear hypoechoic image in the left cerebellar peduncle. Normal rest. Income for the patient decides to complete the study. Electrocardiogram: Normal

Evolution: During admission she underwent cranial MRI with diffusion: punctate white matter lesions suggestive of degenerative ischemic injury. No acute ischemic lesions are evident. She underwent Holter no evidence of pathology in heart rate. During his stay in the clinic floor disappears presyncope attributed to a change in regular medication for (bisoprolol).

Clinical suspicion: Table presyncope after strengthening cardiac treatment.

Conclusion: Clinical presented by patients at the time of consultation in emergency forces us to do tests to rule out diseases that cause significant sequelae. The recognition of warning signs is essential for proper patient care.