



ORAL PRESENTATION

When the headache is not the symptom – A clinical case

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Abstract

Introduction: Stroke is a common cause of death in Portugal. The most frequent symptoms such as intense headache, hemiparesis, dysarthria and visual disturbances are not always present, depending on the affected cerebral area.

Case Report: Male, 79 years old, with atrial fibrillation and dyslipidaemia medicated with Pravastatin/Fenofibrate 40 mg/160 mg and Rivaroxaban 15 mg. He was admitted in the Emergency Room (ER) with vertigo and bilious vomiting with one-day duration. Physical examination showed no motor or sensory deficits, no dysarthria and the patient was haemodynamically stable, conscious, oriented and cooperative. Blood tests were all normal and computed tomography (CT) scans revealed absence of acute ischaemic or haemorrhagic lesions. He was examined by an otorhinolaryngologist who ruled out acute peripheral vestibular disorder. The patient remained very symptomatic and without improve-

ment, so he was hospitalized and brain magnetic resonance imaging (MRI) was performed, revealing cerebellar ischemic stroke. He was hospitalized for 9 days with therapeutic optimization and physiotherapy and was discharged with physical therapy and a neurologist's appointment.

Conclusion: In cases of acute vertigo, within its numerous peripheral and central causes, we must include cerebellar infarcts as differential diagnosis. The otorhinolaryngologists may not recognize cerebellar infarction as causal agent of acute vertigo. Large infarcts are easily diagnosed, with vertiginous symptoms obscured by obvious neurological signs (cerebellar ataxia, dysarthria). The small cerebellar infarcts may present only as peripheral-pattern vestibular dysfunction, generally without cochlear symptoms, being diagnosed by CT and/or MRI. It is important to raise professional awareness of other forms of presentation for early diagnosis and intervention.

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