EUSEM 2018 GLASGOW, 8-12 SEPTEMBER
THE EUROPEAN EMERGENCY MEDICINE CONGRESS
EUSEM EUROPEAN SOCIETY FOR EMERGENCY MEDICINE

AND LOOKED LIKE SHE WAS CRAZY

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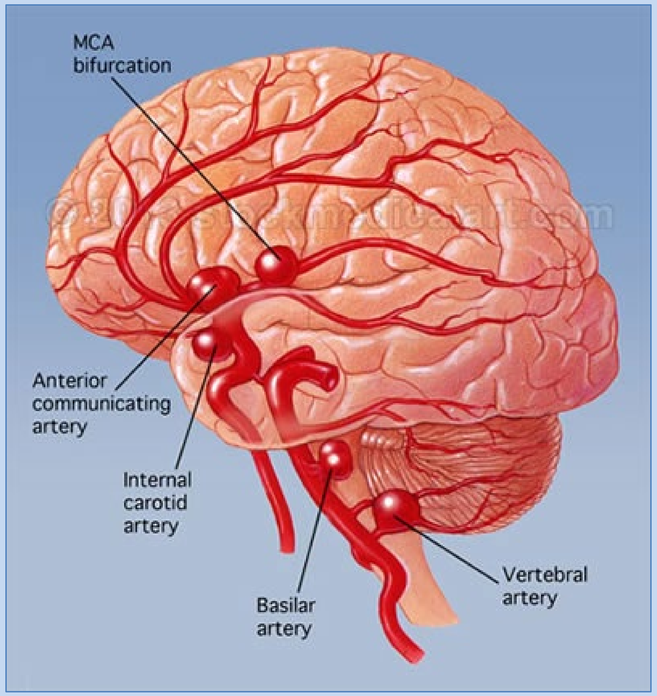
Personal history and reason for inquiry:
42 years old woman, without a personal history of interest nor registered, pretreatment is derived to emergency admissions by clonic tonic seizure picture with subsequent State postcritico. In the context of a family discussion, the patient starts to complain of an intense headache with appearance of tonic-clonic movements a minute giving spontaneously then being in a State of drowsiness.

Physical examination: upon arrival to the emergency room the patient is shown conscious, disoriented in time and space, inconsistent language and erratic speech, respond to simple commands and mobilizes the four members. It presents State of agitation and nervousness. TA: 140/90. FC: 110 BPM. 98% baseline O2 saturation. Afebrile
- Cardiac auscultation: Rhythmic and Regular (110 BPM). No murmurs or rods.
- Respiratory auscultation: MVC. No pathologic noise.
- Abdomen: tender, depressible, not painful.
- Neurological examination: PICNR. Normal cranial. It is neurological foci.
- Lower extremities: without edema and signs of DVT.

Complementary tests:
- Chest x-ray: normal. Without images of condensation or infiltrators.
- Analytical income: without any finding of interest.
- Toxic in urine: negative.
- TAC's skull: existence of a subarachnoid hemorrhage.



Evolution:
Entry is made in the critical area where consultation with neurosurgery decide income for its part to conservative treatment and subsequent study.

Conclusions:
What initially clinically made us think of a possible conversivo box in the context of a family discussion with high emotional component, was completely discarded after the realization of cranial CT and the existence of a hemorrhage spontaneous subarachnoid. It is important prior to make referral to psychiatry before a first clinical picture of psychotic symptoms, complementary tests that discarded the existence of an organic pathology that justifies the appearance of symptoms.