

INTRODUCTION:

The Dizziness cause in the Emergency Units of our country about 7.5 millions of consults each year.

Add more it is a symptom really difficult to be defined by the pattients, making it difficult to be diagnosed.

The principal causes of the Dizziness are bening and transient, but there are some cases caused by lethal pathologies, whose diagnosis is based on an adequate and meticulous medical history with detailed anamnesis and complete examination, pillars that define the patient's clinical prognosis

MEDICAL HISTORY:

We report a 43 years old female, that only refered in her medical history Dylipidemic disorder treated with Simvastatina 40 mg as unique chronic treatment.

She comes to our Emergency unit with complaints of three progressive weeks with motion dizziness, witch no suffered modifications with oculocefalics movements or postural changes.

She refered add more instability in orthostatic position making proper wandering impossible.

For these same symptoms towards seven days our patient had been attended, and had been diagnosed by Periferic Vertigo and treated with Betahistine and Tryptizol without presenting improvement.

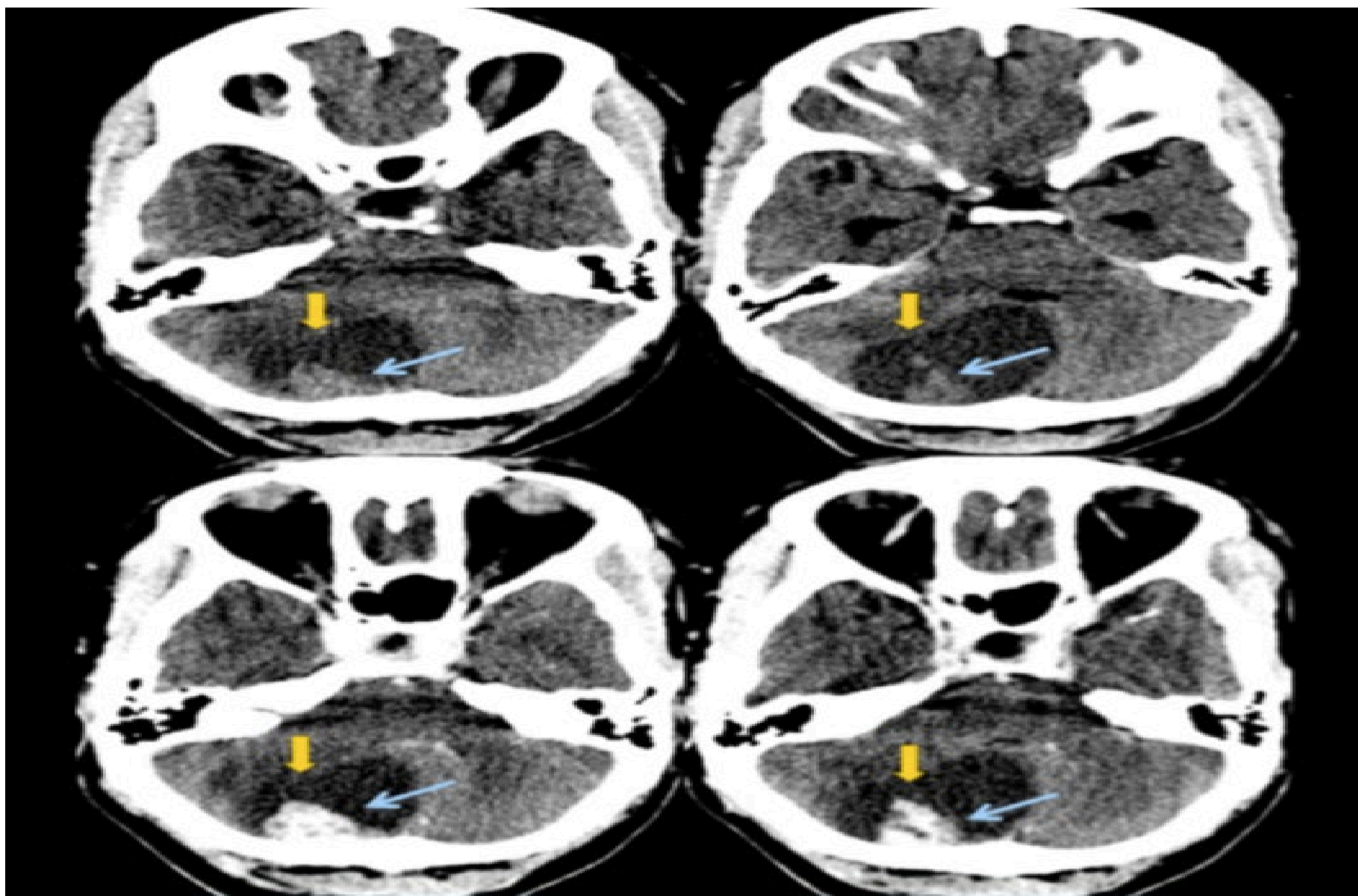
Our patient not refered fever, nausea or vomiting in any momento of the process.

Physical Exploration: TA 153/75 mmHg, FC 81 bpm. Good general condition and normal cardiopulmonary auscultation
The neurological exploration showed ischoric and normorreactive pupils, craneal pairs conserved, no nistagmus, no dismetrías or dysdiadochokinesis, negative Romberg.

She showed unstable march with bilateral lateralization and increase of support base.

COMPLEMENTARY TESTS:

- **ECG, Blood Analysis, Chest X-Ray:** normal findings.
- **URGENT CRANEAL TAC:** Posterior fosa tumor that settle in left ceberlossus hemisphere suggestive of Hemangioblastoma, producing mass effect on Protuberance, Bulb and IV ventricle, giving place to Obstructive Hidrocephalus asociate.



CONCLUTIONS:

The Dizziness is a común reason for consultation in Emergency Units every day. Most of time is an unspecific symptom, complicated to frame in a concrete syndrome.

The higher percentage of cases is due to bening etiology, but there are some cases outcome to pontentially lethal causes, that we should be able to percieve.

It´s essential to point out the need of re-evaluation, re-interrogation and re-exploration, added to a rethinking hipotesis diagnosis, wich is developed by professionals in Emergency units, through a exhaustive anamnesis and a special holistic vision of the patient, the medical situation and pathology background.

