

Clinical history:

Acute Pancreatitis 2016, Epilepsy;Drinker:1.5liters beers/day, NO smoker.
No Treatment.

A 45-year-old man who came to the emergency room due to symptoms of vomiting associated with cervical pain for 24hours and a self-limiting febrile episode with tremor. During the evaluation, the patient presented seizures. Admission during 24 hours in observation. At the time of discharge, the patient is nervous, restless with generalized tremor and confusional symptoms of 3 hours of evolution.The patient escapes from the observation area and is a leak.

Clinical history:

E. Physics (at 24 hours) Conscious non-collaborator and disoriented. Sweaty. Incoherent speech, with inappropriate laughter and distrustful attitude. No clear visual delirium but the impression is that it minimizes this clinic. Alternate periods of uneasiness and verbal heteroaggressiveness towards health personnel. Judgment of altered reality. TA 170/86 mmHg, FC 136 bpm, O2 Saturation 96%, Glasgow 15/15. T° 35.8 °C;Rhythmic and tachycardiac heart. Neurological exploration: isochoric and normoreactive pupils. strength preserved in upper and lower limbs, preserved flexoplantar reflex, no dysmetria or dysdiadochokinesia. Romberg negative.

Keywords: Alcoholic deprivation; alcohol; seizures

Diagnosis: *Alcoholic Depression(Delirium tremens)*

Conclusion: In this case the patient came for gastrointestinal episode with seizure in a patient with known epilepsy, due to the prolongation of their income, caused a decrease in alcohol consumption, so we can not confirm that the first crisis was treated for the decrease in alcohol consumption or a crisis. It is important to remember that this picture may not be the reason why you go to the emergency room, but it may appear in patients admitted for another reason.

Complementary tests:

Hemogram: Hb 15.3 g/dl; 8370 leukocytes/mcL; 63.1%N; 27.2% Lymphocytes; 119,000 platelets; INR 0.98; Biochemistry: Glucose 129.9mg/dl; urea 14.5mg/dl; creatinine 1.45 mg/dl; Na 146mEq/L; K 3.49 mEq/L; Bi total 1.76 mg/dl; Bi direct : 0.72 mg/dl; AST 93 U/L; ALT 87.9 U/L; RPC 2.93mg/L; Troponin: 3ng/L; Ac Valproic 1ng/L;

Evolution:

The patient is found in a bar. The patient is brought back to the observation area, where soft containment is carried out to prevent further flight. During the interview with the patient, he says he is in a hurry to leave, as he says that we are part of a theater that his brother has set up ... he says "we are in the park... in an underground place with water ... or in the basement, near from the winery “. Treatment is started with diazepam 10 mg every 8 hours, triaprizal 200 mg every 12 hours and haloperidol if psychomotor agitation.

We reinterrogate the family that says that the patient minimizes alcohol consumption, but admit that he drinks at least 6-8 bottles of beer and 2liters wine (he is a waiter and do not know how much he can consume at work), although last days he has not consumed alcohol due to the abdominal condition he presents. The patient as he spends the hours is more restless, disoriented, greater visual hallucinations and greater tremor. Starts generalized spasms throughout the body presenting TA 200/100 mmHg, FC 180 bpm, Sat O2 99%; FR 50 rpm. The pharmacological measures are not enough to control the clinic that presents, so the case is commented and accept in Intensive Care Unit.