



Is it overdose? Or irrelevant combination? A hemorrhage case report

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REASON FOR CONSULTATION AND BACKGROUND

Place/context: Primary Care then Emergency Room

PATIENT HISTORY, PHYSICAL EXAMINATION AND ADDITIONAL TESTS

A 43-year-old female patient who applied to the Family Health Center due to the pain in her neck in the morning, states that the pain was very severe, accompanied by nausea and she drank the painkillers she found at home, but the pain did not go away. Her daughter was with her, she said that her mother did not have a known illness and she had headaches before. During the examination, she was conscious, oriented and cooperative, her GCS was 15. Her vitals were stable, blood pressure was 110/70 mm hg, heart rate 81 per minute. But her speech was slow and she had trouble with some words. The daughter took out the drugs from her bag that her mother said she took. She displayed two completely empty tablet plates in 3 different drug boxes containing phenylephrine HCl, chlorpheniramine maleate, thiocolchicoside, ibuprofen and paracetamol. The patient did not know how many she had taken, she declared that she took 2-3. In neurological examination, muscle strength was weakened 3/5 on the left side and 4/5 on the right side. An ambulance was called. Jerky beats began on the left side of the person, on the road. She lost orientation and cooperation when she arrived to the Emergency room. Myoclonic contractions occurred in the whole body within the next 2 hours. ECG showed Ventricular Tachicardia (VT) and ST Elevated myocardial infarction (STEMI). The patient was sedated for a cranial tomography, that showed an intracranial bleeding in the putamen region. So the patient was intubated and taken to intensive care unit. She died 3 days later.

DIAGNOSIS

Subarachnoid Hemorrhage

DIFFERENTIAL DIAGNOSIS

There was no risk factors for spontaneous subarachnoid hemorrhage (SAH) such as a known disease or malignant hypertension, nor alcohol and smoking habit. Empty plates showing that multiple active substances are taken together in high amounts and VT and STEMI which are seen in the ECG, create the possibility of bleeding due to various high-dose drugs taken for a headache that would not cause any bleeding. However, being female and a very severe headache description suggest SAH due to aneurysm.

CONCLUSION

Although there are cases of subarachnoid hemorrhage that are not related to any risk factor at a young age in the literature, overdose complications are also a common phenomenon. It is important for primary care physicians to be on the alert against these cases and to conduct a detailed neurological examination in primary care. It is highly critical to detect neurological cases early. Although it was not possible for this case, with advanced technology, it is possible to save patients with early detection of hemorrhages even in subarachnoid hemorrhages.

KEYWORDS: Drug Overdose, Neurologic Examination, Subarachnoid Hemorrhage