

**PP059 NOW YOU SEE IT, NOW
YOU DON'T**MF Mohd Abdul Kader¹, N Elayni²¹ *Emergency and Trauma Department, University of Malaya*² *Emergency and Trauma Department, Hospital Tengku Ampuan Rahimah***INTRODUCTION**

Headache is one of the most common problems observed in clinical practice. It constitutes a public health concern of enormous proportions, impacting both the suffering individual and society as a whole. Apart from relatively rare instances of organic etiology, the basic cause of headache remains elusive. The primary classifications of headache used by modern clinicians and researchers are all of unknown causation.

CASE REPORT

A 49 years old Indian gentleman presented with generalized headache for 2 days. He had previous follow few months ago up under general practitioner and was treated as tension type headache. He described it as tight band sensation and heaviness around his head, with no increase in intensity, no radiation, no symptoms of increase of intracranial pressure, no chest pain or difficulty in breathing. Physical examination revealed that patient was hemodynamically stable, normotensive, not tachycardic, pain score of 4, normal systemic examination including neurological examination and funduscopy examination. However, ECG showed as sinus rhythm with T inversion at inferior leads, with dynamic changes post intravenous analgesic as Pain score reduced to 1, which repeated ECG showed resolution of the T inversion. Blood Investigation showed normal Random Blood Sugar, Complete Blood Counts, Renal Profile with electrolytes and cardiac biomarkers. CT brain revealed that patient has Obstructive Hydrocephalus Secondary to Cerebral Aqueduct stenosis. Patient was then

referred to Neurosurgical team for further intervention.

CONCLUSION

ECG abnormalities are known to occur in a variety of central nervous system lesions like subarachnoid hemorrhage, cerebrovascular accidents, head trauma, intracranial space-occupying lesions, meningitis, etc. High index of suspicion is needed in this patient whom presented with headache and had ECG abnormalities with normal systemic examination with no evidence of primary cardiovascular manifestation, as ECG abnormalities can also be related to changing intracranial pressure and central nervous system diseases.