

**PP033 MY HAND IS KILLING ME  
AND MY HEAD IS SPINNING**

Nur Fathurah Zamani<sup>1</sup>, Mohd Khairul Anwar  
Adan<sup>1</sup>, Teoh Yeong Khey<sup>1</sup>, Nur Shahidah  
Dzulkiflee<sup>1</sup>

<sup>1</sup>*Emergency and Trauma Department,  
Hospital Miri*

vertebral artery. If the occlusion at proximal subclavian artery, anti-platelet therapy uses to reduce risk of Myocardial Infarction (MI), stroke and vascular causes of death. Early diagnosis and therapy of SSS can prevent the vascular cause of death.

**INTRODUCTION**

The Subclavian Steal Syndrome (SSS) is an emergency condition resulting from subclavian artery stenosis causing reduction in arterial blood flow to the upper limb and posterior circulation of the brain.

**CASE REPORT**

A case of a 46 years old woman with underlying Diabetes Mellitus, Hypertension and Dyslipidemia; presented with vertigo, vomiting prior admission associated with left upper limb pain and numbness for a week. She appeared conscious but tachycardia with increased systolic blood pressure. On examinations, noted positive cerebellar signs and acute left upper limb ischemia. Computed Tomography (CT) of Brain showed left cerebellar (PICA) territory acute infarct. While CT Angiography has shown left proximal subclavian artery thrombosis with significant occlusion/stenosis more than 50%. With radiological findings, therefore she was diagnosed as SSS. Subsequently, intravenous Heparin 80unit/kg was started. Case was further referred to Cardiothoracic and Vascular Team; opted for medical therapy. She has shown clinical improvement and was discharged with Warfarin and outpatient follow-up.

**DISCUSSION AND CONCLUSION**

SSS is frequently asymptomatic; and most common presentation is upper limb claudication associated with vertebrobasilar insufficiency (VBI) due to retrograde blood flow in vertebral artery. Surgical interventional therapy is indicated to restore anterograde blood flow in