

exposure to the hot weather. The global heat wave caused by El Nino phenomenon recently affected Malaysia with many suffering health consequences. We report the case of the first victim, a 23-year-old young trainee policeman who died of heatstroke after exposed to the hot environment during his training.

CASE REPORT

A 23 years old Malay man, who just enrolled in police training program, has been brought to Emergency & Trauma Department (ETD) Hospital Segamat after fainted during his training session. He was initially brought to nearby public health clinic. Unfortunately, it took nearly two hours for patient to arrive in ETD Hospital Segamat. His GCS upon arrival was 9/15 with the temperature of 40.2°C. Without delay, patient was intubated to secure the airway. With the working diagnosis of heat stroke at that moment, aggressive cooling therapies were started in the ETD. After three hours of resuscitation in emergency department, he was admitted to ICU for definitive care. His condition was further complicated by disseminated intravascular coagulation (DIVC) and refractory hypotension. He died on day two of admission with the cause of death of heat stroke complicated with DIVC and severe lactic acidosis.

DISCUSSION & CONCLUSION

This unfortunate case demonstrates the fundamental importance of early recognition and prompt treatment of heat stroke. In this case, failure to recognize with the delay of first aid and cooling, lead to poor outcome. With the relatively uncommon El Nino phenomenon, several preventive measures should have be taken, these involve

identification of vulnerable individuals like police and military trainees, dissemination of information about dangerous heat waves may help to prevent life-threatening heat stroke.

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ERYTHRODERMIC PSORIASIS – A POTENTIALLY LIFE-THREATENING DERMATOSIS : A CASE REPORT

Thai Lun Tan¹, Wai Mun Chung¹, Ihsan Ismail¹
¹Department of Emergency, Hospital Taiping, Perak, Malaysia

INTRODUCTION

Erythroderma is a dermatological emergency defined as erythema and scaling occurring in a generalized distribution involving more than 90% of the total body surface area. Widespread alterations of the skin functions could result in a number of complications which are known collectively as acute skin failure.

CASE REPORT

We report a case of erythrodermic psoriasis in a 37 year old Malay male prisoner with underlying Hepatitis C Virus infection and unstable plaque psoriasis. He presented with rapid worsening of his psoriatic lesions which eventually affecting his entire body surface area associated with pruritus and erythema within one week duration. Patient was admitted for medical stabilization. He was eventually discharged well at day 13 of admission and PASI was reduced from 72.0 to 2.7. (PASI: Psoriatic Area Severity Index)

DISCUSSION & CONCLUSION

Erythroderma can be life-threatening, primarily because of its metabolic burden and complications. Hence, it is mandatory to establish it's

etiopathology in order to facilitate precise management. This disorder may be the morphologic presentation of a variety of cutaneous and systemic diseases, and a thorough workup is essential. A pre-existing dermatosis is the single most common cause of adult erythroderma. Pathogenesis of acute skin failure involves failure of the skin to perform its multiple functions which would result in the potentially fatal syndrome of acute skin failure. This case report underscores the importance of understanding the etiopathogenesis of various systemic complications of acute skin failure which require prompt treatment. Speculative mechanisms for complications of acute skin failure and the implications for clinical practice are discussed.

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POSTERIOR CIRCULATION
STROKE IS GREAT MIMICKER

W W Chong¹, Afiz Fazli¹

¹Emergency and Trauma Department,
Sarawak General Hospital, Kuching, Sarawak,
Malaysia

INTRODUCTION

Posterior circulation infarct is a debilitating disease and often easily missed as it may mimic any peripheral causes of vertigo.

REPORT

A 61 years old lady with underlying diabetes mellitus and hypertension presented with symptom of vertigo for nearly two hours before she decided to come to the Emergency Department. It was associated with nausea and vomiting and she could not walk due to it. On examination, the Dix-Hallpike test was positive on the right side. Cerebellar signs were not elicited and there was no focal neurological

deficit. Blood investigations were reported to be normal. Her symptom of vertigo improved after administering intravenous prochlorperazine and she was subsequently discharged with a scheduled follow up. However, fourteen hours later, she returned with worsening of vertigo and a deteriorating GCS requiring airway protection.

DISCUSSION

There exists a dilemma when differentiating a central or peripheral cause of vertigo. When a stroke which is one of the central causes of vertigo is missed, the consequences can be profound. Therefore, a non-invasive 3 steps bedside clinical examination like HINTS test (Head Impulse-Nystagmus-Test of Skew) should be practiced in every patient that presents with vertigo. As reported by one study, it is 100% sensitive and 96% specific for detecting posterior circulation stroke.

CONCLUSION

A high index of suspicion of posterior circulation infarct should always be raised in patients with persistent, unresolved vertigo. The HINTS test is capable to distinguish between stroke and other peripheral causes of vertigo as it has a high sensitivity and specificity.

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SWEET CHILD OF MINE

A S Asri¹, Cecilia A S¹

¹Hospital Serdang, Selangor, Malaysia

INTRODUCTION

This is the case of a pediatric patient with diabetic ketoacidosis whom symptoms were undetected on her initial visit to ED.