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.

PP 18
POSTERIOR CIRCULATION STROKE IS GREAT MIMICKER

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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.

PP 19
SWEET CHILD OF MINE

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INTRODUCTION

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

CASE REPORT

A 2 year old previously healthy girl first presented to ED with vomiting for 2 days. The vomiting was non projectile with no blood or bile, no diarrhea, without preceding trauma or fever. She was diagnosed as acute gastroenteritis and discharged home. 12 hours later, she presented again with lethargy and rapid breathing. On further questioning, she had increase in fluid consumption and polyuria since the course of the illness. Initial assessment revealed drowsiness, lethargy, pale, Kussmaul's breathing, moderate dehydration with estimated fluid deficit of 7.5%. She was normotensive with BP 110/60 mmHg (MAP 70), tachycardic (HR 150/minute), SpO2 96% and normothermic (temperature 37.2°C). Her blood glucose level was 37 mmol/L with severe acidosis (venous pH 6.8, HCO3 too low, lactate 2.6, BE -28) and serum ketone 4.7. Full blood count shows leukocytosis with white cell counts of 17.3 (lymphocytes 50%, neutrophils 43%), platelets of 590 and hemoglobin of 12.9 g/dL. Blood urea was high (6.6), however liver enzymes and electrolytes were all within normal limit. Initial saline bolus of 100 ml over the first hour was started, followed by 7.5% correction using 16 ml/hour of saline over 48 hours and maintenance using half saline mixed with 1g KCL at a rate of 40ml/hour. Insulin infusion was started at a rate of 0.1 unit/kg/hour and was transferred to PICU.

DISCUSSION & CONCLUSION

Diagnosing DKA in pediatric patient can be challenging, especially when the staff is unfamiliar with such case as they usually present with vague symptoms without known history of diabetes. This unfortunate case demonstrates the importance of high level of suspicion and considering glucose as the sixth vital sign in sick child.

PP 20

SPONTANEOUS PNEUMOPERICARDIUM, CASE REPORT

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INTRODUCTION

Pneumopericardium is defined as collection of air or gas in the pericardial cavity. It is a rare complication of tuberculosis and HIV. Pneumopericardium most commonly results from trauma, approximately 60%, other causes can be due to iatrogenic and noniatrogenic. Development of spontaneous pneumopericardium is a very rare complication of tuberculosis with coexisting HIV infection.

CASE REPORT

22 year old male man with no known medical illness, and not obese. P presented to Emergency Department due to with on and off pleuritic chest pain for the past 2 weeks, associated with mild dyspnea. Pain is was relieved by rest and leaning forward. On examination patient was alert, pink and not tacypneic. Vital signs was were stable, the lungs were clear, equeal air entry, no hyperesonance, CVS no heart murmur and no pericardial rub heard, per and the abdomen was soft and non tender. Chest xray erect done showed lucencies around the right and left heart border suggestive of pneumopericardium, with no pneumothorax or mediastinal mass. The ECG, showed sinus rhythm with no