

6月20日 朝の勉強会 Y先生 テーマ「めまい」

目標

めまい救急診療における問診と身体所見の重要性がわかる
めまい救急診療におけるCTやMRIの有用性と限界がわかる

症例

40代女性

- 夜に家でくつろいでいたら、突然の回転性めまいが出現して体動困難となり救急要請
 - 左向き水平方向眼振あり **急性前庭症候群**
 - 左耳鳴・耳閉塞感あり **HINTSは末梢パターン**
 - Head impulse test陽性 **HINTSは末梢パターン**
- 1時間ほど経過観察すると自然軽快



Clinical Syndrome	Description of Typical Presentation	Graphic representation of symptoms over time ⁴
1. Acute vestibular syndrome*	A clinical syndrome of acute-onset continuous dizziness* lasting days to weeks and generally including features suggestive of new, ongoing vestibular system dysfunction (e.g., nausea and vomiting, nystagmus and postural instability). In the ED, they are symptomatic even when at rest.	
Episodic syndromes	Clinical syndromes of multiple, recurrent attacks of dizziness, which may be spontaneous or triggered. If the patient presents during a first attack and is actively symptomatic, approach as the acute vestibular syndrome.	
2. Spontaneous episodic vestibular syndrome*	A clinical syndrome of transient dizziness* usually lasting minutes to hours and generally including nausea and vomiting, postural instability and nystagmus. There are usually multiple recurrent attacks with repeated spells but may initially present after a first attack. There is no clear trigger of these attacks. In the ED, these patients are generally asymptomatic at rest.	
3. Triggered episodic vestibular syndrome*	A clinical syndrome of brief transient dizziness* lasting seconds to minutes and generally including nausea and vomiting, postural instability. There are usually multiple recurrent attacks with repeated spells but some patients may initially present after a first attack. These attacks have a clear positional trigger, usually movement of the head or standing up. In the ED, these patients are generally asymptomatic at rest but the symptoms can be triggered at the bedside.	

後日耳鼻科受診→Meniere病

Take home message

TimingとTriggerの有無で3つに分ける
眼振のある急性前庭症候群ではHINTSを
Deadly Dsを探す
ルーチンの頭部CT検査は推奨されない