

COMORBIDITY IN EMERGENCY CARE CENTER, OR UNDIAGNOSED INTRACRANIAL TUMOURS

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Facts of intracranial tumours:

1.5% of all malignant tumours in humans. The malignant tumours cause cerebral metastases in 25-30%. Although cerebral tumours could occur at any age, it can be declared that before the age of 7 the frequency is increasing then between age of 7 and 14 it is decreasing and then the incidence rises again until the peak at the age of 50s. At the age of 40s and 50s the hemispherial gliomas are more often malignant. The meningiomas and the acustic neurinomas are remarkable and the metastases appear.

Objective:

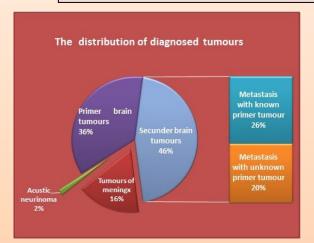
In the Kaposi Mor Teaching Hospital Emergency Care Center we have found undiagnosed intracranial tumours in 50 patients who were investigated in our department between 01.01.2009 and 31.07.2011. We examined about 50,000 adult patients during this period. Our Center does not provide paediatric care. Our question was: "Are there any signs or symptoms that predict intracerebral tumour?"

Evaluation method:

Retrospective study

Results

The average age of our patients was 54 years.





Symr	ntoms	
Symptoms		
stroke like symptoms		
speech disoders (14) dysarthria		0
difficulty in finding words		8 2
sensomotoric aphasia		2
sensoric aphasia		1
motoric aphasia		1
paresis (24)		1
monoparesis		10
hemiparesis		8
facial paresis		6
first seizure (16)		
grand mal attack		10
partial seizure – limb		4
partial seizure – facial		2
nystagmus	1	
pupil difference	1	
double vision	3	
headache	12	
with vomiting	6	
disturbance of consciousness (13)		
desorientation	10	
coma	2	
somnolentia	1	
behaviour changes	2	
vertigo	15	
walking difficulties	14	
limb coordination disoder	3	
coreiform movements	2	
dysphagia	1	

Conclusions: 18% of the intracranial tumours were extracerebral in position. Primer and secunder intracerebral tumours were found at nearly the same ratio. Even the percentage of intracranial neoplasm diagnosed in our Emergency Care Center was only 0.1%, it is shocking that 20% of the intracranial tumours were metastases without any known primary neoplasm.

We would like to highlight that the first symptoms of the intracranial tumours are almost as common to be headache, vertigo, disorientation and walking difficulties as first seizures. Unfortunately, these presentations less likely warrant urgent brain CT subsequently delaying the definitive diagnosis.