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Scary Cases

A Time for Reflection

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Dr. Riccardo Lazarraga at IFOS 2017: Teaching and Learning Aspects of Vestibular Diagnosis

Summary points

Psychologists have extensively studied the cognitive processes involved in making decisions

Heuristics and biases that lead to poor decisions are widespread, even among doctors

Awareness of the cognitive processes used to make decisions can reduce the likelihood of poor decisions

Klein GJ. Five pitfalls in decisions about diagnosis and prescribing. BMJ 2005; 330: 781-783.

Five Pitfalls in Decisions About Diagnosis

1. **The Representative Heuristic**
   The assumption that something that seems similar to something else is the same.

2.The Availability Heuristic
Placing weight on things that come to mind easily, because easily remembered or encountered.

3.Ilusory Correlation
To perceive two events as causally related when the connection is co-incidental or non-existant.

4. **Confirmatory Bias.** Tendency to look for, notice and remember information that fits with our pre-existing expectations
5. **OVERCONFIDENCE.** Most of us are poor at assessing the gaps in our knowledge and more confident about our judgements than we should be.

1. Mr. R.C. 63 year-old male in 2009

2 month history of insecure gait ("I feel staggery")

No localising symptoms in regard to hearing, no vertigo or headache.

Symmetrical NIHL. Clinical VOR, VOR suppression and provocative positional testing all normal.

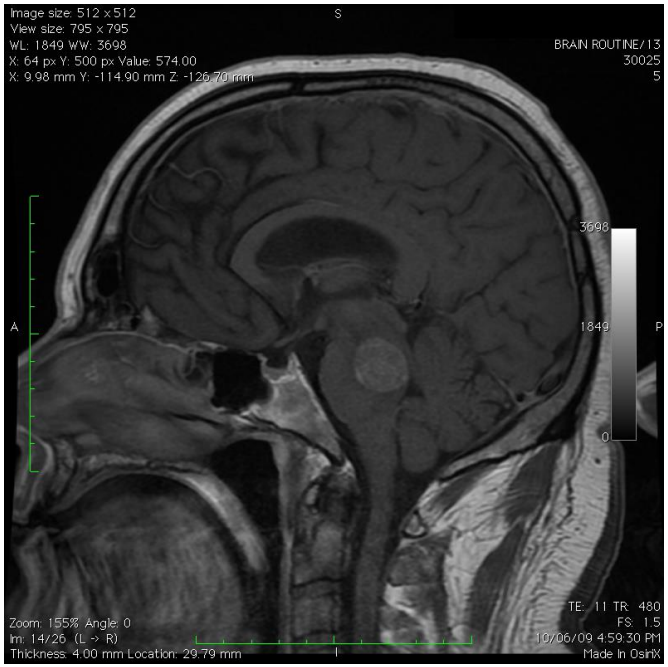
Facial nerve and tongue movements were normal.

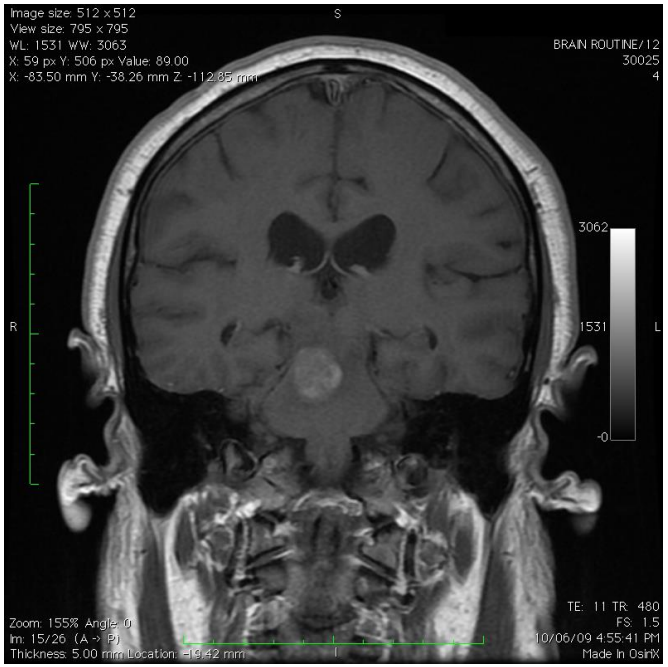
Observed walking.

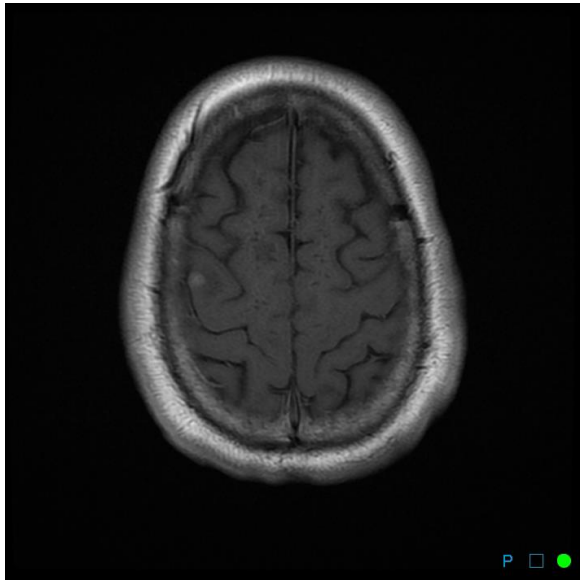
Suggested neurological opinion if further concern. Neurosurgeon--> MRI.

Notes: "Melanoma forearm". Had had a small forearm "skin nodule" removed as an elipse: malignant melanoma extending to the subdermis and one one transverse margin → wide local excision with graft and sentinal node removed. A year prior a similar lesion treated by cryotherapy. No metastases on CT. Followed for 5 years and discharged.

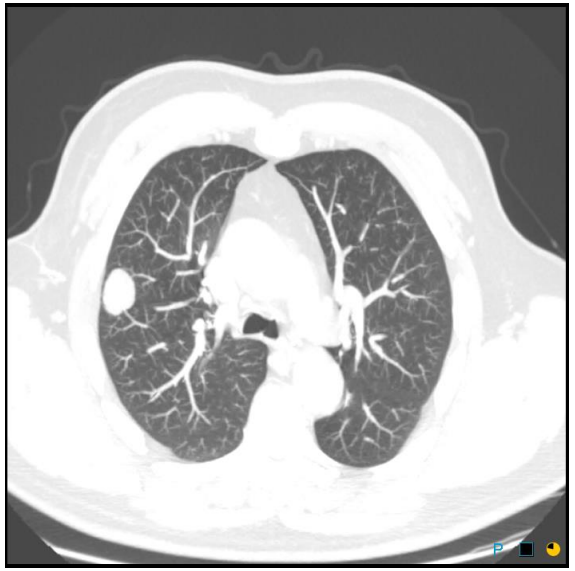
Mr R.C. 63 year-old male







20x19x16mm enhancing mass in right pons. Oedema extending into right cerebral peduncle and cerebellar peduncle.



Mr. R.C. 63 year-old male

Increasing ataxia and slurred speech. Admitted for high dose dexamethasone and whole brain radiotherapy. Died 8 weeks after the initial presentation. No post-mortem.

Annals of Clinical Case Reports

Case Presentation
Published: 01 Nov, 2016

Late Metastatic Pontine Melanoma Presenting as Ataxia

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Abstract

Ataxia was the only presenting symptom of a large pontine melanoma secondary in a 63 year-old male after five years of follow-up. Although the brain is a common site for melanoma metastasis, brainstem involvement is uncommon and its presentation with ataxia and no cranial nerve palsies is unusual.

2. Mrs J.S. 47 year-old female in 2015

10/9/15: “Wobbly”. Had a headache for a week that went away. Feeling of spinning when lies down. “Bangs into walls”. Tall, slim. Walked with confidence. Normal hearing, standard vestibular ocular tests.

Thinking: BBPV. Asked to see back on a bad day.

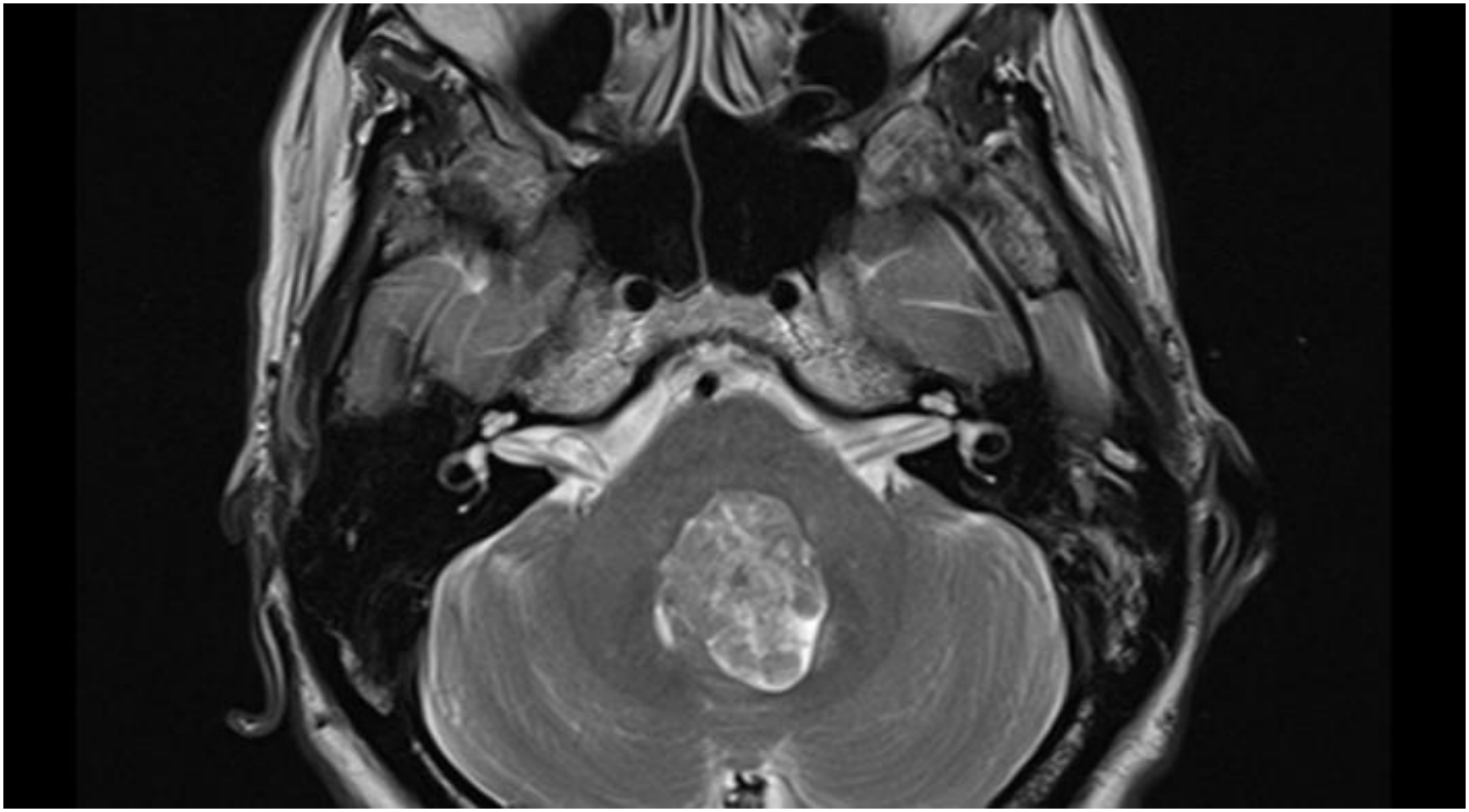
28/1/16: Said spins when lies down. No ocular vestibular signs.

(Physiotherapist says saw something when she lay down). Confident and moving quickly. Dislikes going into The Warehouse. Thinking: ?BPPV ? PPPV?

4/4/16: Referred to Christchurch Hospital. Findings the same.

MRI requested.

Mrs J.S. on 23/6/16



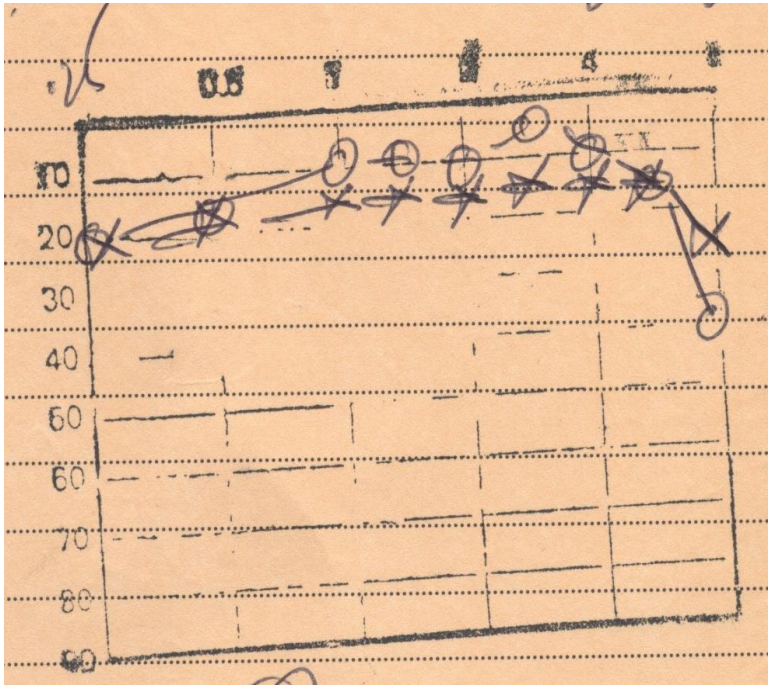
25/716: Removal of grade 2 ependymoma. 6th and 7th and brief lower cranial nerve palsies. 7th slow to recover. Anger.

3. Mr. W.L. 55-year-old male in 2017

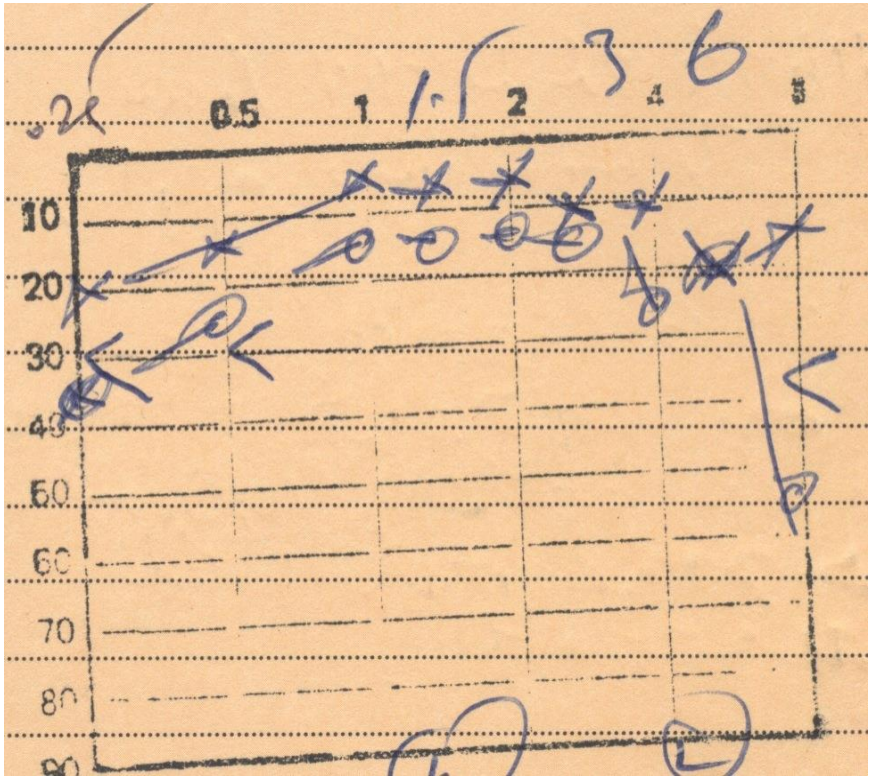
28/7/16 Episodic on-going vertigo that could wake him.

Left horizontal canal BPPV, resolved with repositioning.

Normal hearing.

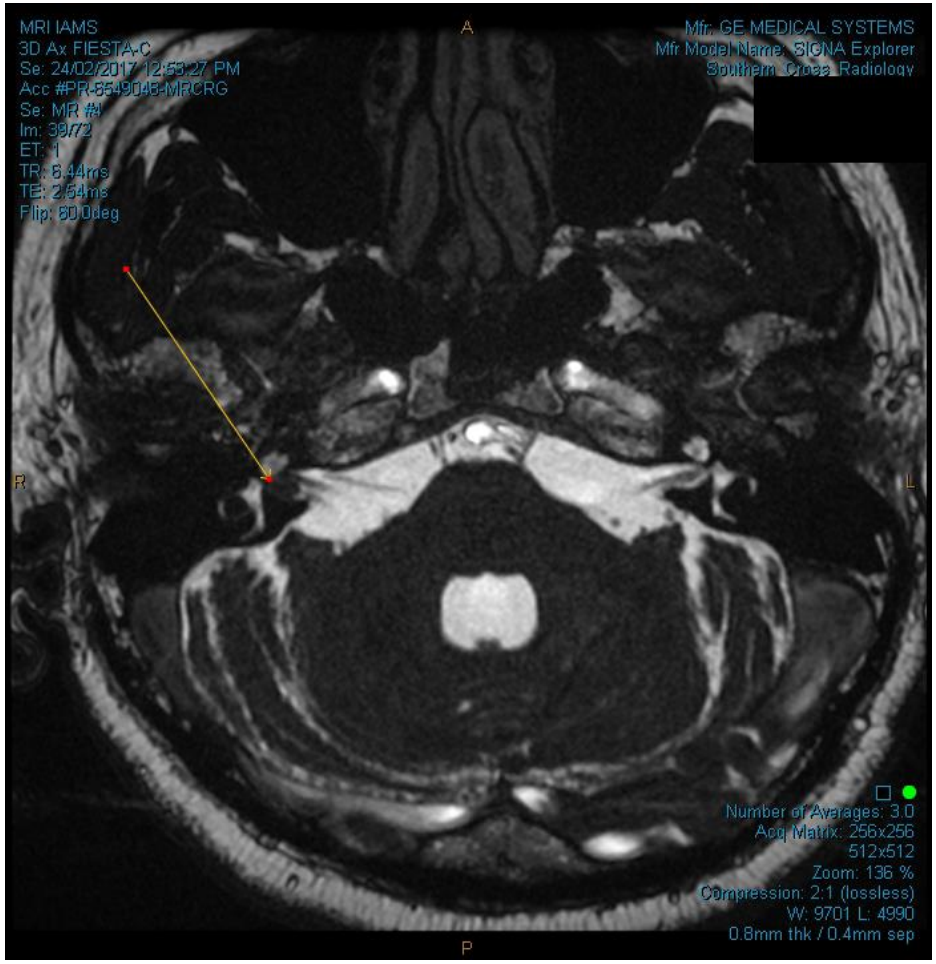


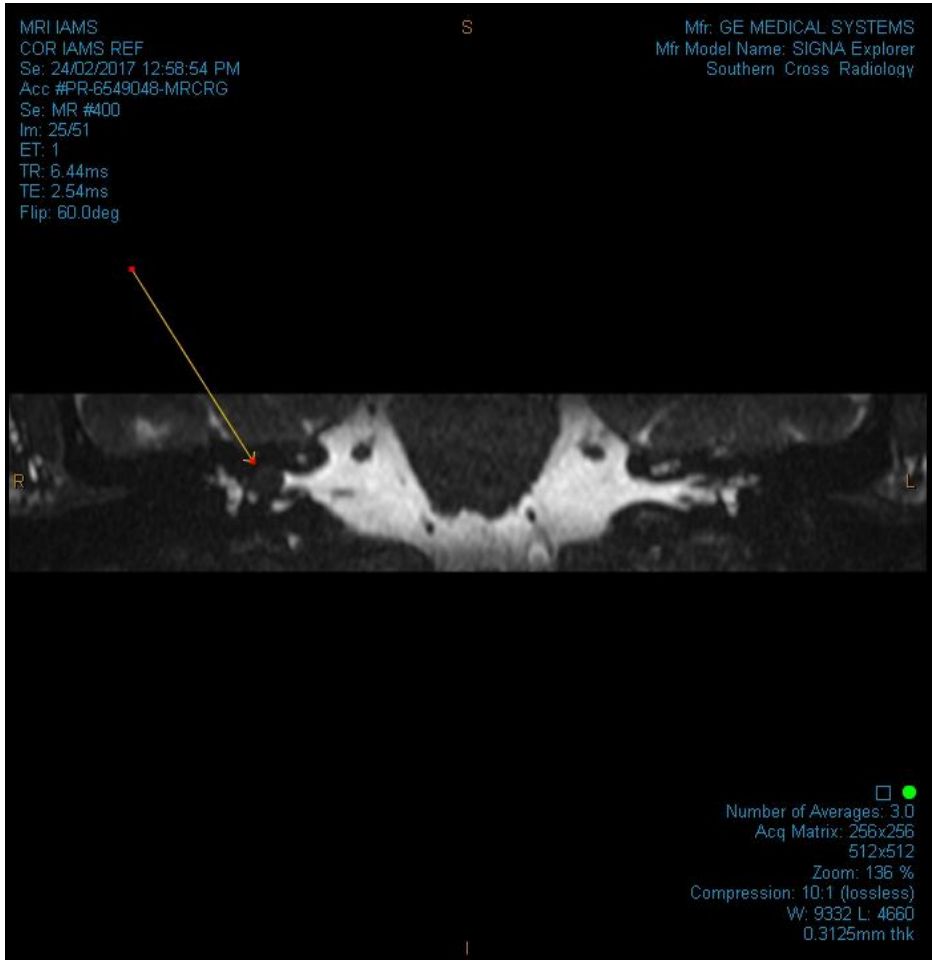
9/2/17 Tinnitus in the right ear.



First thought: hydrops

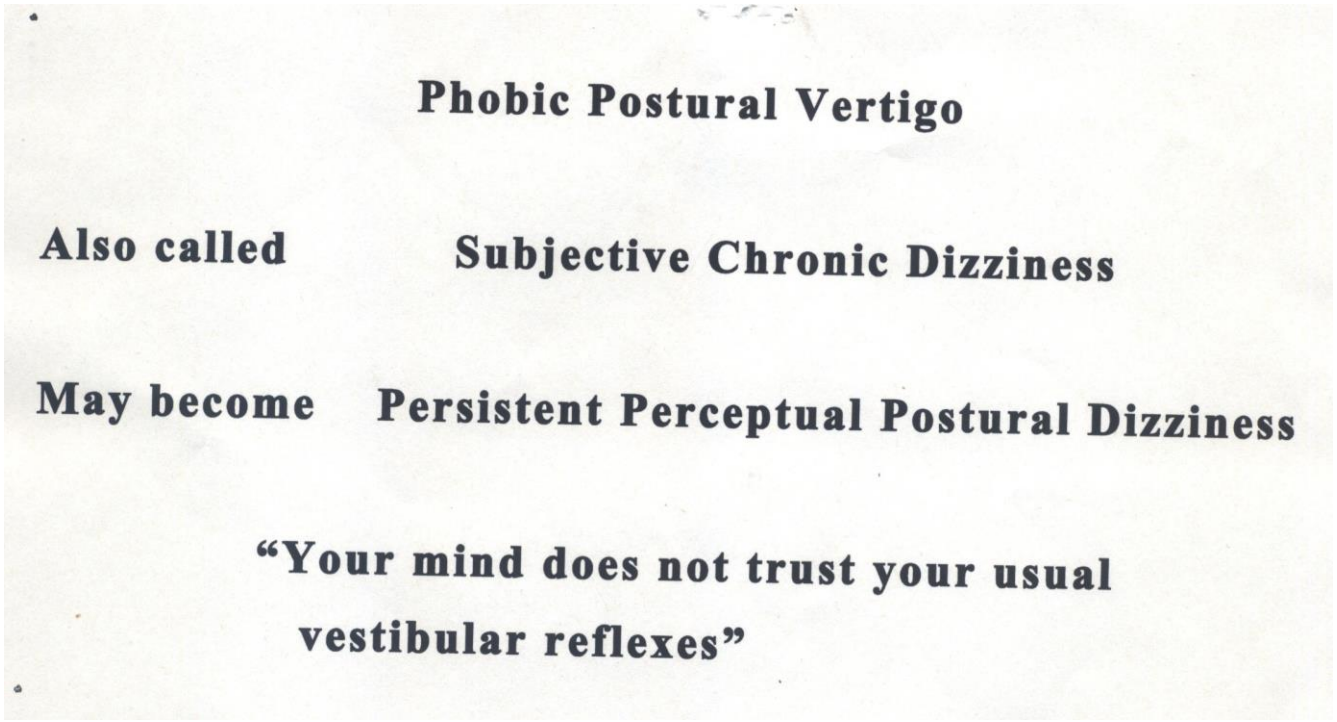
Mr. W.L. 55 year-old male on 24/2/17





"Round filling defect at the right IAM…consistent with vestibular shwannoma"

What Was I Thinking?



Cerebral gray matter changes in persistent postural perceptual dizziness.
Wurthmann S et al. Journal of Pyschosomatic Research 2017; 103: 95-101.

Message: Anyone referred for treatment for likely PPPD should have a scan