



Chronic Headache and Syncope in a Young Woman: A Case of Neurological Symptoms Linked to Metabolic Dysfunction

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Introduction

Chronic headaches can stem from various etiologies, including metabolic dysfunctions leading to structural changes in the cranial bones. These changes can manifest as neurological symptoms such as tingling, stiffness, and syncope, complicating diagnosis and management.

Objectives

To report a case of a young woman presenting with syncope and neurological symptoms linked to chronic metabolic dysfunctions affecting the cranial bones.

Case Report

A 34-year-old female was brought to the Emergency Department by paramedics following a syncopal episode at her residence. Examination revealed frontal region edema due to a fall. She was communicative but exhibited mild spatial confusion. She reported tingling and episodes of stiffness in the extremities, worsening progressively before the syncope. Family members mentioned an unwitnessed seizure episode at home. The patient was undergoing neurological investigation for chronic headaches.

Imaging, including CT and MRI scans, revealed multiple lytic lesions in the skull cap and occipital region lymphadenopathy. Areas of bone thickening in the diploe, with a "salt and pepper" appearance, extending to the clivus and the first cervical vertebrae, were noted, with greater involvement in the frontoparietal region. These findings were associated with chronic metabolic dysfunctions, mainly pseudo-hyperparathyroidism.

During evaluation, the patient was in good general condition. She had rhythmic and normal heart sounds in two beats, without murmurs; vesicular breath sounds were present bilaterally, with no signs of respiratory effort. The limbs showed full peripheral pulses and a capillary refill time of less than two seconds. The Glasgow Coma Scale score was 13 due to low mobility and impaired verbal response.

Conclusion

The correlation between imaging findings and the patient's symptoms suggests significant neurological involvement. The lytic lesions and cranial thickening may be contributing to the chronic headache, spatial confusion, episodes of stiffness, and tingling. The syncope and seizure episode may be additional manifestations of this underlying neurological impairment. The initial diagnostic hypothesis is an exacerbation of a preexisting neurological condition. A comprehensive approach to such cases is essential, as isolated neurological symptoms can indicate significant underlying pathologies.