**Monash Practice SAQ 2021.2 Dane Horsfall Cabrini Health**

**SAQ 26 (12 Marks, 6 Mins)**

You are assessing a 65 year old male who has presented to the ED complaining of dizziness.

A.Complete the table below, stating the clinical features helping in differentiating between **Peripheral** vs **Central** causes of Vertigo. (2 Marks)

|  |  |  |
| --- | --- | --- |
| **Clinical symptoms/signs** | **Peripheral** | **Central** |
| Symptom characteristics |  |  |
| Expected associated neurological findings |  |  |

B. Complete the following table for a **3 step screening tool** that assists with differentiating central vs peripheral vertigo and the expected findings in peripheral and central vertigo: (9 Marks)

|  |  |  |
| --- | --- | --- |
| **Test** | **Expected findings with Peripheral vertigo**  | **Expected findings with Central vertigo**  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

C. List the Sensitivity and Specificity for the above screening tool: (1 Mark)

|  |  |
| --- | --- |
| Sensitivity |  |
| Specificity |  |

**Answers:**

**SAQ 26:**

A.Complete the table below, stating the clinical features helping in differentiating between **Peripheral** vs **Central** causes of Vertigo. (2 Marks)

|  |  |  |
| --- | --- | --- |
| Clinical symptoms/signs | Peripheral | Central |
| Symptom characteristics | Usually **sudden onset** and **intermittent**, usually more frequent and severe **nausea/vomiting** | **Gradual onset** and **persistent/constant**, usually **milder associated symptoms** eg nausea/vomiting |
| Expected associated neurological findings | **Absent** | Often **present** – motor function, gait instability and reduced coordination often present |

*0.5 marks for each section of table*

B. Complete the following table for a **3 step clinical decision tool** that assists with differentiating central vs peripheral vertigo and the expected findings in peripheral and central vertigo: (9 Marks)

|  |  |  |
| --- | --- | --- |
| **Test** | **Peripheral expected findings** | **Central expected findings** |
| 1. **H**ead **I**mpulse Test | **presence** of corrective saccade/nystagmus | **absence** of corrective saccade/nystagmus |
| 2. **N**ystagmus | None/Unidirectional | Bidirectional |
| 3. **T**est of **S**kew | **NO** vertical skew | Vertical skew |

*1 mark for each section of table including ‘tests’*

*½ marks for ‘hearing loss’*

C. Complete the table below listing the Sensitivity and Specificity for the above clinical decision tool.

|  |  |
| --- | --- |
| Sensitivity | 96-100% |
| Specificity | 96-98% |

*0.5 marks for each response, accept any response in above ranges*

Note these numbers are for Neurologists and EP tend to have lower numbers- accepted lower numbers if this explained.

Ref:

<https://litfl.com/vertigo-the-big-3/>

<https://hwcdn.libsyn.com/p/a/d/d/add761f2a2847ea5/hints-exam.pdf?c_id=2502227&cs_id=2502227&expiration=1626671972&hwt=98ca2b64259548c85cf0a56d1f68d76d>

Kattah JC, Talkad AV, Wang DZ, Hsieh YH, Newman-Toker DE. HINTS to diagnose stroke in the acute vestibular syndrome: three-step bedside oculomotor examination more sensitive than early MRI diffusion-weighted imaging. Stroke. 2009;40:3504–3510.

Comments:

A need to name neuro deficit

B clearly explain what findings are

C Note these numbers are for Neurologists and EP tend to have lower numbers- accepted lower numbers if this explained.

Allowed up to 5% range – effective technique

Pass mark >=10/12 (note 3 marks for listing HINTS exam)

Total 43 candidates

26 passes

17 failed (4 zero scores)

60 % passed

Q could be improved – more marks for ‘a’ and ‘c’ no marks for HINTS exam