AUCTORES
Globalize your Research

Journal of Clinical Research and Reports

Mariana-Alis Neagoe *

Open Access

Short Communication

Underdiagnosed Drop Attacks

Mariana-Alis Neagoe

Assistant PhD, "Titu Maiorescu" University, Faculty of Medicine, Bucharest, Memormed Medical Centre Bucharest, Romania.

***Corresponding Author:** Mariana-Alis Neagoe, Assistant PhD, "Titu Maiorescu" University, Faculty of Medicine, Bucharest, Memormed Medical Centre Bucharest, Romania.

Received date: March 31, 2024; **Accepted date:** April 07, 2025; **Published date:** April 11, 2025

Citation: Mariana-Alis Neagoe, (2025), Underdiagnosed Drop Attacks, *J Clinical Research and Reports*, 19(4); **DOI:**10.31579/2690-1919/525

Abstract

A drop attack is a sudden fall caused by a collapse of postural muscle tone, which causes leg weakness, without loss of consciousness, being determined by brainstem ischemia.

In current medical practice, diagnostic errors frequently occur, due to incomplete investigation of the patient who is directed to other medical services.

Keywords: drop attack; transient vertebrobasilar insufficiency; imaging tests

Introduction

The term has been assigned to falls that occur without warning and without loss of consciousness or postictal symptoms. The patient, usually of old age, falls unexpectedly while walking or standing, rarely when standing still. The knees bend inexplicably. There is no dizziness or loss of consciousness, and the fall usually occurs forward, with injury to the knees and sometimes the nose. The patient, except for the obese patients, is able to get up immediately and continue walking, quite embarrassed. There may be a few repeated attacks followed by a period with no attacks. The electrocardiography (ECG) and electroencephalography (EEG) performed between the events show normal results. [1]

In rare cases, the Meniere's disease, in which the patient falls ("Tumarkin's otolithic crisis") may be mistaken for a syncope or drop attack, but only for a short period of time until vertigo occurs. [1]

Orthopaedic and rheumatological physicians are familiar with falls caused by the sensation of knee bending, which they attribute to arthritic and tendinous pathology of the knee. [1]

Central disequilibrium is probably the most common cause of the so-called drop attacks, sudden falls without warning or loss of consciousness in older individuals. Drop attacks were originally attributed to disease of the vertebrobasilar system, but this etiology of drop attacks in the elderly is probably not as common as subcortical hemispheric disease. [2] BAO(basilar artery occlusion) presents with a bewildering variety of manifestations. In addition to headache, which is most common and least specific, symptoms include vertigo (ischemia of the vestibular nuclei and pathways); visual disturbances (occipital lobes); unilateral or bilateral hypesthesia or anesthesia (medial lemnisci, spinothalamic tracts, or thalamic nuclei); tinnitus and hearing loss (cochlear nuclei or lateral lemnisci); drop attacks (transient ischemia of the corticospinal tracts); ataxia (cerebellum or cerebellar pathways); Horner syndrome (oculosympathetic pathways in the brainstem); and confusion, amnesia, dreamlike behavior (thalamic nuclei and medial temporal lobes). (3)

Patient medical history and neurological examination can usually identify disorders that require an emergency intervention. Substituting thorough clinical evaluation with CT (computed tomography), MRI (magnetic resonance imaging), and laboratory tests can lead to errors and considerable costs. [4]

References

1. Allan HR, Martin AS, Joshua PK (2017). editors. Adams & Victor Principles and Practice of Clinical Neurology. Callisto Medical Publishing House; Bucharest. p. 391
2. Paul WB, Joseph CM, Jose B. (2022). Localization in Clinical Neurology. Publisher Wolters Kluwer; Philadelphia. p. 23
3. Ilya K, Jose B. (2021).Top 100 Diagnoses in Neurology. Wolters Kluwer Publishing House; Philadelphia. p. 215
4. Mark HB, Robert SP. (2006).The Merk Manual. ALL Publishing House; Bucharest. p. 1748

DOI:10.31579/2690-1919/525