

Coroner's Column

The College has been sent the findings from a recent Coroners Court hearing because of the *'importance/interest of the case to general medical practitioners'*.

The Case concerns a 39-year-old man who died following rupture of a berry aneurysm. He developed a sudden twang in the neck while he was exercising at a gym and then developed a headache. After a sleepless night he visited his GP who diagnosed a cervical spine strain with a referred headache. He was given diclofenac and asked to return if he did not improve so that he could be referred for physiotherapy. It is reported that he remained unwell but carried on with normal everyday life despite being in pain and uncomfortable. He died five days later.

The inquest was concerned with whether or not the patient's condition should have been diagnosed earlier so that treatment could have been undertaken. In more than 20 A4 pages of evidence the issues concerning the diagnosis of a ruptured berry aneurysm are discussed. It is pointed out that headaches and neck pain are common but that the acute presentation of subarachnoid haemorrhage to GPs is 'uncommon, if not rare'. It was also mentioned that the diagnosis of a leaking berry aneurysm relies heavily on the history of a sudden onset of a severe headache (described as a 'thunderclap' in nature). The headache is said to start at the base of the skull rather than the lateral side of the neck.

It is noted that this is the second inquest that *'this Court has held over the past 12 months into deaths due to subarachnoid haemorrhage, where patients presented acutely to GPs, with a sentinel bleed.'* The message for GPs appears to be that in anyone presenting with a sudden onset of severe headache the possibility of an intracerebral bleed needs to be kept in mind. – *Editor*