**DRAIN TO BRAIN**

**Introduction**

We describe a case series of 2 cases to highlight the atypical presentation of patients leading to a diagnosis of an intracranial pathology

**Case Description**

A 34-year-old male with no medical illness presented with a history of fever and gastrointestinal losses for 2 days after taking outside food. Examination and blood investigation suggestive of acute gastroenteritis. Patient improved after hydration and antibiotics however had an episode of syncopal attack, followed by an episode of fit and facial asymmetry which led to further investigation with a plain CT brain. The CT revealed an acute intraparenchymal haemorrhage of right posterior parietal extending to right occipital with mass effect and midline shift. Patient was referred to the neurosurgical team for further management. Diagnosis of parietooccipital astrocytoma was given from histopathology report. Patient underwent decompressive surgery and tumour excision. Patient recovered well.

A 15 years old Malay girl was brought to the ED complaining of multiple episodes of vomiting and diarrhoea leading to a syncopal episode after consuming a burger that was purchased from a food stall. Upon assessment she was hypotensive and demonstrating decerebrate posturing. Her blood sugar was normal and she was afebrile. Physical examinations were unremarkable for any sign of head injury, basilar skull fracture, meningism, sign of toxidrome or any obvious focal lateralizing sign. CT brain demonstrated acute left thalamic haemorrhage with intraventricular extension. Further imaging revealed left thalamic arteriovenous malformation. No significant abnormalities were identified in her blood investigation. She was transferred to a tertiary centre for External Ventricular Drain (EVD). Unfortunately, her condition continued to deteriorate and she succumbed to death.

**Discussion**

While typical signs and symptoms of raised intracranial pressure are prevalent among most patients with intracranial pathology, there remains a notable gap in medical literature concerning descriptions of atypical presentations. Particularly, cases where patients initially present with symptoms suggestive of gastroenteritis but are later diagnosed with intracranial pathology are scarcely documented

**Conclusion**

If clinical evaluation doesn't strongly indicate gastroenteritis, consider a broader range of diagnoses, including intracranial pathology. These patients should be observed longer in the ED and undergo further evaluation.

**Keywords**

Atypical, Intracranial, Gastroenteritis