Case presentation

By Dr ARSHIYA SIDDIQUA
P.G General Medicine

Chief complaints.

- A 22 yr old male patient came to the hospital with complaints of weakness of both upper limbs and lower limbs since 1 week

History of present illness

- Pt was apparently asymptomatic 7 days back when he developed weakness of lower limbs,insidious onset ,progressive,difficulty in walking ,able to walk with support ,after 3 days he had difficulty in gripping his chappals,difficulty to wear his shirt followed by difficulty in mixing his food and holding objects,which progressed in 3 days,he was unable to stand from the squatting position,difficulty in combing hair and eating his food.

- No diurnal variation of weakness
- Tingling sensation in hands and feet which first started in feet and now present above the ankle.Not associated with pain.
- no numbness/backache
- Able to feel hot /cold sensation
- Able to feel the ground

- History of loose stools 3 weeks back,6-8 episodes per day, watery not blood stained subsided after 3 days with medication
- Fever –moderate grade,on and off,no chills and rigour,subsided with medication
- No cough/cold/vomitings/breathlessness/muscle aches

- No smell disturbances
- No blurring of vision/double vision
- Able to chew food and swallowing is normal
- No facial asymmetry or drooling of saliva
- No vertigo/tinnitus/swaying while walking/giddiness
- No bowel and bladder involvement/excessive sweating
- Not a known case of tuberculosis/D.M/HTN/asthma/epilepsy
- No h/o any recent vaccinations

- Past history-no h/o similar complaints in the past
- Family history-not significant
- Drug history-not significant
- Personal history-diet mixed/appetite-normal
- Bowel/bladder-normal
- Addictions-occasional alcohol consumption

On examination-

- pt is conscious,cooperative,well oriented to time,place and person
- moderate built,well nourished
- No pallor/cyanosis/clubbing/lymphadenopathy/pedal odema
- Afebrile
- B.p-120/80mm of Hg on supine

  -126/80mm of Hg on upright
- Pulse-80 bpm,regular rhythm,normal volume,all peripheral pulses present ,radio-radial or radio-femoral delay.
- Spo2-99% at room air
- Grbs-110mg/dl

CNS examination-

- Literate,right handed person
- Higher mental functions-normal;
- Cranial nerves examination-normal

Motor-

- Bulk-normal
- No involuntary movements
- Tone-

	right	left
U/L	hypo	hypo
L/L	hypo	hypo

Power-

		right	left
• shoulder			
	flexor	4-	4-
	extensor	4-	4-
•elbow			
	flexor	3+	3+
	extensor	3+	3+
•wrist		3+	3+
•hand grip		dec	dec
• hip			
	flexion	3+	3+
	extension	3+	3+
• knee			
	flexion	3+	3+
	extension	3+	3+
• ankle			
	Dorsiflexion	4-	4-
	plantarflexion	4-	4-

Reflexes		rt	lt
Deep tendon			
	biceps	-	-
	triceps	-	-
	knee	-	-
	ankle	-	-
Superficial reflexes			
	plantar	downgoing	downgoing
	corneal	+	+
	conjuctival	+	+
	abdominal	present	
	cremastric	+	+

- Sensory system-normal
- Cerebellar signs-finger nose test +

  others unable to elicit
- No signs of meningeal irritation

- CVS examination-
  S1,S2-heard
  No murmurs
  Jvp-normal

- Respiratory examination-
  b/l air entry +
  Normal vescicular breath sounds heard
  No adventitious sounds

- Per abdomen-soft,no distension,
  no organomegaly
  bowel sounds +

Provisional diagnosis

- Guillain barre syndrome
- Hypokalemic paralysis

INVESTIGATIONS

- ECG-TWNL
- CBP-Hb%-11.8 gm/dl

  TLC-5,000/cu mm

  Platelet count-2.5lakhs

  normocytic,normochromic ,no abnormal cells
- reticulocyte count-0.5%

- CUE-RBC-nil

  pus cells-2-4

  albumin-trace

  sugar-nil

- RFT-Urea-32mg/dl
  creatinine-0.6mg/dl
- Sr electrolytes
  sodium-135mmol/l
  potassium-3.8mmol/l
  chloride-101mmol/l
  calcium -8.6mg/dl
  phosphorus-4.1mg/dl

- LFT- total bilirubin-1
  direct bilirubin-0.8
  sgot-22
  sgpt-46
  ALP-150
  albumin-3.5
- PT-14sec
- APTT-26sec

- HIV-non reactive
- HbsAg-negative
- HCV-non reactive
- ESR-20mm

- ABG-at presentation

  P^H : 7.30
  PCO2 : 32 mmHg
  PO2 : 163 mmHg
  HCO3 : 17.0
  St.HCO3 : 19.9
  BEB -5.4
  BEecf : -5.7
  TCO2 : 36.7
  O2 Sat : 99.6

CSF findings-

- Protein -100mg/dl
- Cells-4-5cells/mm3
- Sugar-normal range

Nerve conduction studies-

Suggestive of acute motor sensory axonal neuropathy.

- Diagnosis- acute motor sensory axonal neuropathy variant of GBS

- As the patient presented with progressing features ,immunoglobulins were advised and referred to higher centre for further management and was followed up.

Case 2

Chief complaints

- A 14 yr old female patient came to the hospital with complaints of weakness of both upper limbs and lower limbs since 2 weeks

history of present illness

- Pt was apparently asymptomatic 2 weeks back when she developed weakness,sudden onset,progressive, symmetrical,first in the lower limbs,difficulty in walking ,able to walk with support,difficulty in getting up from squatting position,comb her hair.and reached a plateu phase since then no progression seen.associated with generalised myalgia
- No waxing and waning or any diurnal variation of weakness

- Tingling and numbness in lower limbs esp foot associated with pain.
- Able to feel hot /cold sensation and ground
- History of upper respiratory tract infection 2 weeks prior to the weakness
- Fever –low grade,on and off,no chills and rigor,subsided with medication
- Cough present with mucoid sputum production,subsided
- No vomitings/loose stools/breathlessness

- No smell disturbances
- No blurring of vision/double vision
- Able to chew food and swallowing normal
- No facial asymmetry or drooling of saliva
- No vertigo/tinnitus/swaying while walking/giddiness
- No bowel and bladder involvement/excessive sweating
- Not a known case of tuberculosis/D.M/HTN/asthma/seizures
- No h/o any recent vaccinations(swine flu/rabies)

- Past history-no h/o similar complaints in the past
- Family history-not significant
- Drug history-not significant
- Personal history-diet mixed/appetite-normal
- Bowel/bladder-normal
- No Addictions
- Menstrual history-not significant

On examination

- pt is conscious,cooperative,well oriented to time,place and person
- moderate built,well nourished
- No pallor/cyanosis/clubbing/lymphadenopathy/pedal odema
- Afebrile
- B.p-120/80mm of Hg supine

  110/80 mm of Hg upright
- Pulse-74 bpm,regular,normal volume,no radio-radial,radio-femoral delay,all peripheral pulses felt
- Spo2-99% at room air
- Grbs-98mg/dl

CVS examination-

- S1,S2-heard
- No murmurs
- Jvp-normal

Respiratory examination-

- b/l air entry +
- Normal vescicular breath sounds heard
- No adventitious sounds

Per abdomen-soft,no distension,
no organomegaly
bowel sounds +

CNS examination-

- Literate,right handed
- Higher mental functions-normal;
- Cranial nerves examination-normal
- No cerebellar signs

Motor-

- Bulk-normal
- No Involuntary movements
- No muscle tenderness
- Tone-

	rt	lt
U/L	hypo	hypo
L/L	hypo	hypo

Power-

• shoulder	right	left
flexor	3	3
extensor	3	3
•elbow		
flexor	4-	4-
extensor	4-	4-
•wrist	4-	4-
•hand grip	dec	dec
• hip		
flexion	3	3
extension	3	3
• knee		
flexion	3	3
extension	3	3
• ankle		
Dorsiflexion	3	3
plantarflexion	3	3

- Reflexes

	rt	lt
Deep tendon		
biceps	-	-
triceps	-	-
knee	-	-
ankle	-	-
Superficial reflexes		
plantar	downgoing	downgoing
corneal /conjuctival	+	+
abdominal	present	

- No signs of meningeal irritation
- Sensory system -normal

Provisional diagnosis

- Guillain barre syndrome
- Hypokalemic paralysis
- Peripheral neuropathy

INVESTIGATIONS

- ECG-TWNL
- CBP-Hb%-10.8 gm/dl
  TLC-6,500/cu mm
  Platelet count-2.5lakhs
  Esr-18mm
- CUE-RBC-nil
  pus cells-2-4
  albumin-trace
  sugar-nil

- LFT- total bilirubin-1.2
  direct bilirubin-0.9
  sgot-22
  sgpt-46
  ALP-150
  albumin-3.0
- PT-14sec
- APTT-26sec
- Thyroid profile-normal range

- RFT-Urea-29mg/dl
  creatinine-0.9mg/dl
- Sr electrolytes
  sodium-134mmol/l
  potassium-3.8mmol/l
  chloride-101mmol/l
  calcium -9.0mg/dl
- HIV-non reactive
- HbsAg-negative
- HCV-non reactive

- ABG-at presentation

  P^H : 7.36
  PCO2 : 36 mmHg
  PO2 : 153 mmHg
  HCO3 : 16.0
  St.HCO3 : 19.9
  BEB -5.4
  BEecf : -5.7
  TCO2 : 36.7
  O2 Sat : 99.6

CSF findings-

Protein -150mg/dl

Cells-6-7cells/mm3

Sugars-normal range

Nerve conduction studies-suggestive of acute demyelination

- Diagnosis- acute inflammatory demyelinating polyneuropathy

Treatment

1)Oral antibiotics

2)Oxygen inhalation (sos)

3)Regular physiotherapy