MICRO LABS SYNAPSE

Interesting cases NEUROLOGY

Vol 2|Issue 5|2021

Dear Doctor,

Greetings from Micro Labs Limited.

We are happy to bring you "Neurology case series", which contains latest and interesting cases in the field of Neurology.

This issue contains

1. T Rare concurrent ocular myasthenia gravis and Graves' ophthalmopathy with Poland syndrome
2. Case report: Guillain-Barre Syndrome
3. Large symplastic hemangioma with multiple calvarial hemangiomas

Should you require any specific article or medical information, please feel free to contact us at medicalservices@microlabs.in

Looking forward to your valuable feedback

Best Regards,

Medical Team,

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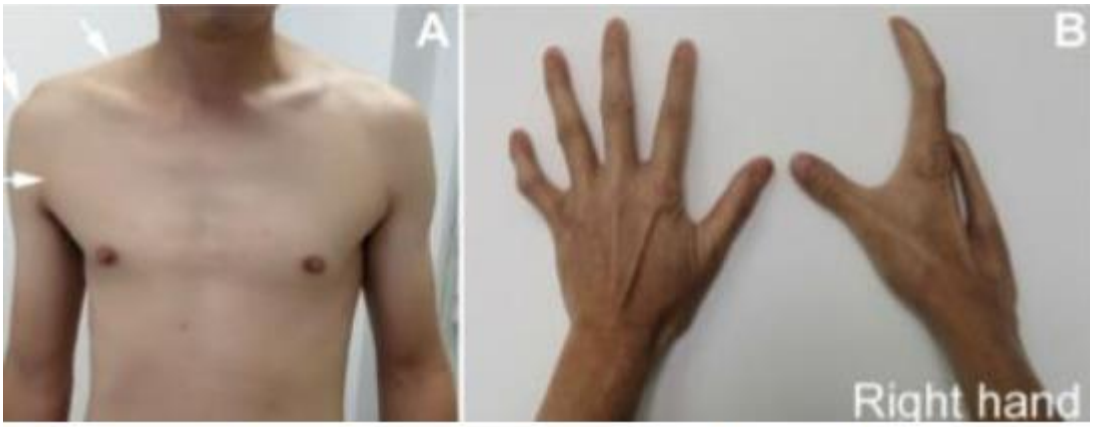
Rare concurrent ocular myasthenia gravis and Graves' ophthalmopathy with Poland syndrome

Patient Description:

A 43- year old man presented with bilateral upper eyelids ptosis. He suffered from hyperhidrosis and irritability fourteen months ago. Bilateral eye protrusion, limitation to abduct his right eye, and intermittent horizontal diplopia was noted in this patient. Limitations to abduct his left eye were observed after 2 months and he was clinically diagnosed with Graves' disease with Graves' ophthalmopathy. Elevated thyroid function tests confirmed the diagnosis. He was started regularly on propylthiouracil oral dose of 0.3g/day, 0.15g each time, twice a day. No changes in the



Dysplasia of the chest wall, trapezius, and hand. A) White arrows show hypoplasia of the right pectoralis major, trapezius, and deltoid; B) deformity of the right hand

symptoms of eye movement disorders and ptosis was seen. Neurological assessment: Ocular myasthenia gravis was diagnosed based on fatigability and asymmetrical ophthalmoparesis. Physical examination: Ptosis of the right upper eyelid that covered the upper half of the pupil, left eyeball exophthalmos, and limitation of bilateral eyeball movement, without any pupillary dysfunction. Thymic hyperplasia , and pathological examination confirmed by Computed tomography (CT) images. Treatments with pyridostigmine bromide, thymectomy, and prednisone led to partial clinical improvement. After 13 months of follow-up, the symptoms of drooping eyelids were partially improved, but the eyeball protrusion and right hand deformity remained unchanged.

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Conclusion:

Present study demonstrates that neuromuscular system disorders associated with inborn deformities may have a complex pathophysiological and genetic background. Genetic predisposition and immune dysregulation might be the pathogenesis of the association.

Reference:

Tang J et al. Rare concurrent ocular myasthenia gravis and Graves' ophthalmopathy in a man with Poland syndrome: a case report. BMC neurology. 2020 Dec; 20(1):1-5.

2.Case report: Guillain-Barre Syndrome

Patient Description:

A 60-year-old Caucasian woman presented with fever, non-productive cough, myalgia, and dysgeusia for 10 days with the history of migraine. Nasopharyngeal swab for SARS-CoV-2 RT-PCR assay was positive and she was admitted for worsening dyspnea. On admission, ground-glass opacities revealed by chest computed tomography. The subject was started on supplemental oxygen, azithromycin, and hydroxychloroquine. She developed sacro-lumbar pain, feet numbness, and weakness in her legs for which she required a walker for ambulation after 22 days after the onset of viral symptoms. Weakness progressed to the involvement of both the lower and upper extremities within 2 days and she was bed-ridden during her hospital stay. Respiratory function worsened and her heart rate (HR) and systolic blood pressure (BP) fluctuated between 70–140 beats per minute and 100-180 mmHg, respectively throughout short periods. Neurological examination: Symmetrical weakness with Medical Research Council (MRC) grade 2 out of 5 with areflexia in both proximal and distal muscle groups of the lower extremities and MRC grade 3 out of 5 with hyporeflexia (1+) on both proximal and distal muscle groups at the upper extremities. The strength of neck flexion and extension was MRC grade 3 out of 5. The subject was started on intravenous immune globulin (IVIG) 0.4 g/kg/day for 5 days in addition to enoxaparin 30 mg twice a day. The subject showed improvement in both her respiratory and neurological function after a week. Two months after admission the patient was followed up as an outpatient; she was found ambulating with assistance, an MRC grade 4 was assessed throughout her muscle groups, and persistent neuropathic pain in her lower extremities.

Conclusion:

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In addition to respiratory failure from acute respiratory distress syndrome in COVID-19 patients, neurologic complications, such as GBS, should be considered as one of the differential diagnosis in subjects with polyneuropathy.

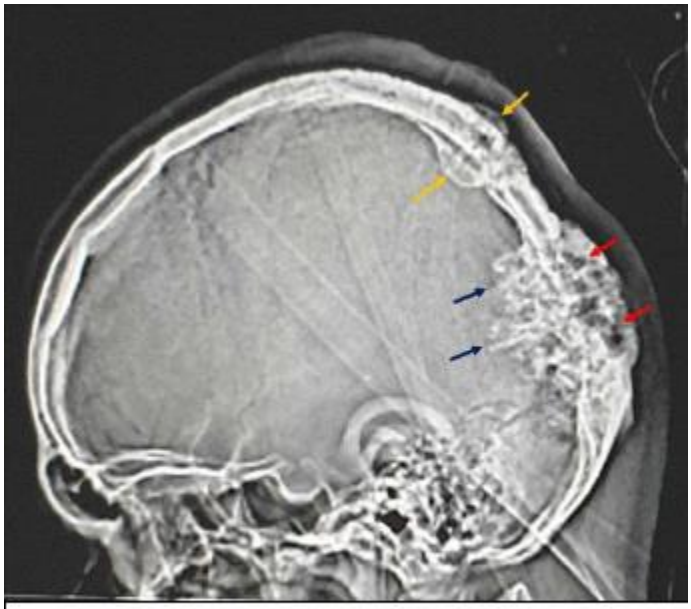
Reference:

Bueso T, Montalvan V, Lee J, Gomez J, Ball S, Shoustari A et al. Guillain-Barre Syndrome and COVID-19: A case report. Clinical Neurology and Neurosurgery. 2021 Jan 1;200.

3. Large symplastic hemangioma with multiple calvarial hemangiomas

Patient Description:

A 35-year-old male subject with a left occipital calvarial palpable, hard, nontender mass since childhood that increased in size with age was associated with recurrent epileptic fits controlled by Levetiracetam, with no history of trauma. He presented in the emergency room with headache, frequent epileptic fits, vomiting, and a decrease in the level of consciousness 1 day prior to admission. Computed tomography (CT) of the brain showed a left occipital and parietal hemangioma and he was admitted.



CT scan showing parietal (yellow arrow) and occipital bony lesions

Treatment and prognosis:

Based on the radiological report, cerebral angiogram and embolization of the feeders were performed to minimize the intraoperative bleeding. After 48 h, the patient underwent surgery. A craniotomy was planned over the adjacent left-sided parietal and occipital mass lesions, under general anesthesia. The two adjacent, left parietal and occipital lesions were treated satisfactorily using preoperative embolization, surgical resection, and cranioplasty. Postoperatively, the patient recovered smoothly, was fully conscious, neurologically intact.

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Conclusion:

Histopathology and radiology examinations confirmed the diagnosis as symplastic hemangioma, on top of a pre-existing cavernous hemangioma.

Reference:

Bantan NA et al. A unique case of multiple calvarial hemangiomas with one large symplastic hemangioma. BMC neurology. 2021; 21 (1):1-2.