Department Of Neurology
National Institute of Mental Health and Neuro Sciences,Hosur Road, Bengaluru,560029

DISCHARGE SUMMARY

UHID :	[redacted]	**MRD No:**	N861718
Name:	[redacted]	**Department:**	Neurology
Age/Sex:	50 years 5 mons 6 days / Male	**Unit:**	N I
Ward Name:	Male Neurology Special Ward	**Name Of the Doctors:**	Dr. A. Nalini - Professor & Head Dr. Ravi Yadav - Addl Professor Dr. Ravindranath C M - Assistant Professor
Date of Admission:	13/08/2018 04:25:00 PM		
Discharge Summary Preparation Date:	19/08/2018 03:38:19 PM		
Discharge Type :	Regular Discharge		

Diagnosis
?Demyelinating Disorder vs Mitochondrial Cytopathy. - MND like presentation.

ICD Code
Description-

History

A 50 Year old male non diabetic, non hypertensive came with history of progressive left lower limb weakness since 3 1/2 years and progressive muscle weakness in both upper limbs since 2 1/2 years. Weakness of right lower limb since since 1 year. Initially patient noticed weakness of left great toe , he was unable to lift upwards, he was falling to left side because of tripping of left great toe, later he had difficulty in lifting left foot above ground, it was insidious onset and gradually progressive. Later he developed tremulousness of both upper limb and also difficulty in buttoning and unbuttoning of shirt and mixing of food. Since 1 year he noticed weakness in right leg also with difficulty in gripping slippers.There is history of difficulty in getting up from sitting position since 1 year. History of fasciculations in left shoulder noticed 6 months back. Wasting and thinning of muscles in hand since 6 to 8 months. No history of sensory, bowel,bladder disturbances or cognitive decline. evaluated 10 months back at other hospital, ENMG showed assymetric demyelination motor neuropathy given steroids , but no improvement.

Examination

On examination : No pallor,icterus, pedal edema Pulse â 76/min regular, B.P 120/70 mm hg
CVS â S1,S2 , RS âBAE , clear, P/a â soft, non tender
NS - HMF- normal , Pupils - B/L NSRL ,EOM - full , saccades, pursuits â normal
Fundus - normal, cranial nerves - Bifacial UMN type weakness , jaw jerk - absent.
Other cranial nerves - normal
Motor â B/L thenar , hypothenar,FDI left thigh muscles wasted, B/L minipolymyoclonus
Faciculations in left deltoid,biceps,quadriceps
Tone - normal in all limbs
Power - Rt Lt
Shoulder - Flexion 5 5
Extension 5 5
Abduction 5 5
Adduction 5 5
Elbow- Flexion 5 5
Extension 5 5
Wrist Flexion 4 4

Extension 4 4
Finger Flexion 5 4
Extension 5 4
Add, Abd 2 2

Power - Rt Lt
Hip - Flexion 5 5
Extension 5 5
Abduction 5 5
Adduction 5 5
Knee- Flexion 5 5
Extension 5 5
Ankle DorsiFlexion 3 1
Plantarflexion 3 1
Toe DorsiFlexion 1 1
Plantarflexion 1 1

Sensory -normal, DTR - Exaggerated in both upper limbs,1 both lowerlimbs except B/l ankle which is absent. B/L - Plantar extensor
Gait - foot drop gait , No cerebellar signs

Investigations

Date	Investigation	Result
14-08-2018	ALBUMIN / GLOBULIN RATIO AG RATIO SERUM	1.6
14-08-2018	ALBUMIN SERUM	4.13
14-08-2018	ALKALINE PHOSPHATASE ALP SERUM	127
14-08-2018	Basophils	0.5
14-08-2018	BILIRUBIN TOTAL SERUM	1.14
14-08-2018	CALCIUM SERUM	9.93
14-08-2018	CHLORIDE SERUM	105.0
14-08-2018	CREATINE KINASE CK SERUM	130
14-08-2018	CREATININE SERUM	0.74
14-08-2018	Eosinophils	3.6
14-08-2018	ESR	04
14-08-2018	GLOBULIN SERUM	2.7
14-08-2018	GLUCOSE FASTING SERUM	78
14-08-2018	HCT/PCV	45.8
14-08-2018	HEMOGLOBIN	14.9
14-08-2018	HOMOCYSTEINE SERUM	10.44
14-08-2018	LACTATE PLASMA	24.5
14-08-2018	LIH	0 0 0
14-08-2018	Lymphocytes	28.6
14-08-2018	MCHC	32.5
14-08-2018	MCH	23.7
14-08-2018	MCV	73.0
14-08-2018	Monocytes	5.2
14-08-2018	Neutrophils	62.1
14-08-2018	PERIPHERAL SMEAR	Hemoparasites No hemoparasites seen in smear studied , Erythrocytes Predominantly Microcytic Hypochromic with mild Anisocytosis. Erythrocytosis seen , Leucocytes Normal in number, morphology and distribution , Platelets Appear

		adequate , Impression Microcytic Hypochromic with Erythrocytosis , Advised In view of the above picture please consider Hb-electrophoresis to r/o hemoglobinopathies
14-08-2018	PLATELET COUNT	217
14-08-2018	POTASSIUM SERUM	4.49
14-08-2018	RBC COUNT	6.28
14-08-2018	SGOT AST SERUM	21.7
14-08-2018	SGPT ALT SERUM	21.6
14-08-2018	SODIUM SERUM	138.77
14-08-2018	TOTAL PROTEIN SERUM	6.79
14-08-2018	TOTAL WBC COUNT	6.3
14-08-2018	UREA SERUM	27.6
16-08-2018	CSF CELL COUNT AND TYPING	Others , Appearance CLEAR CSF , Poly , India Ink preparation , Lympho , Mono , Cells NIL cells/cumm, RBC s OCCASIONAL , Degenerated Cells NIL
16-08-2018	CSF-CHLORIDE	12[illegible].0
16-08-2018	CSF-GLUCOSE	60
16-08-2018	CSF-LACTATE	12.5
16-08-2018	CSF-PROTEIN	42.00
17-08-2018	AMMONIA PLASMA	22
17-08-2018	LACTATE PLASMA	9.8
17-08-2018	LIH	0 0 0
16-08-2018	CSF-CHLORIDE	124.0
14-08-2018	MCHC	32.5
14-08-2018	Eosinophils	3.6
14-08-2018	CREATININE SERUM	0.74
14-08-2018	HEMOGLOBIN	14.9
14-08-2018	Monocytes	5.2
14-08-2018	CHLORIDE SERUM	105.0
14-08-2018	MCV	73.0
14-08-2018	ESR	04
17-08-2018	LACTATE PLASMA	9.8
14-08-2018	HOMOCYSTEINE SERUM	10.44
16-08-2018	CSF-LACTATE	12.5
14-08-2018	ALBUMIN SERUM	4.13
14-08-2018	CALCIUM SERUM	9.93
14-08-2018	GLOBULIN SERUM	2.7
14-08-2018	MCH	23.7
14-08-2018	LACTATE PLASMA	24.5
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16-08-2018	CSF-GLUCOSE	60
17-08-2018	AMMONIA PLASMA	22

Discussion

A 50 Year old male non diabetic, non hypertensive came with history of progressive left lower limb weakness since 3 1/2 years and progressive muscle weakness in both upper limbs since 2 1/2 years. He was also found to have ptosis on examination which was not fatigueable. Routine investigations were normal.ANA profile was negative. Nerve conduction studies showed normal SNAP, axonopathy more than demyelination in CMAPs, RNS showed no decrement. Ammonia, lacatate was normal. The VEp was prolonged in both eyes and the BAER was absent in the right ear. Hence the possiblities of a demyelinating disorder vs a mitochondrial disorder was considered (in view of ptosis). Patient was treated with 2 doses of cyclophosphamide and started on riboflavin and carnitine. He is been asked to take two more doses of the cyclophosphamide at hometown and review after 3 months.

Course In Hospital

Status Quo.

Treatment

Prehydration
IV Fluids NS 500ml over 2 hours.
Premedication
Inj. Pan 40mg IV stat
Inj. Emeset 8mg IV stat

Inj. Cyclophosphamide 500mg IV in 500ml over 4-6 hours for 2 days
Inj. Mesna 100mg in 100ml NS at 0,4,8 hours.
Post hydration
IV Fluids NS 500ml over 2 hours.

T RIBOFLAVIN 10 mg 5-0-5
T VERNACE 500 mg 1-0-1

Advice At Discharge

Inj. Cyclophosphamide 500mg IV in 500ml over 4-6 hours for 2 days once a month for 3 months.

T RIBOFLAVIN 10 mg 5-0-5
T VERNACE 500 mg 1-0-1

Cyclophosphamide infusion protocol.

Prehydration
IV Fluids NS 500ml over 2 hours.
Premedication
Inj. Pan 40mg IV stat
Inj. Emeset 8mg IV stat

Inj. Cyclophosphamide 500mg IV in 500ml over 4-6 hours for 2 days
Inj. Mesna 100mg in 100ml NS at 0,4,8 hours.
Post hydration
IV Fluids NS 500ml over 2 hours.

To Review after 3 months in F2 opd on Thursdays.

Dr.Muthukumaran P

Signature Of Senior Resident/Consultant

Prepared By:Dr.Muthukumaran P

Date & Time