A RARE CAUSE OF PARAPARESIS

-IV MU

CHIEF COMPLAINTS

A 15 yr old female studying 10^{th} std hailing from peraiyur presented with chief complaints of

Difficulty in walking * 4 years

History of present illness

She was apparently asymptomatic till 4 yrs back then she developed

- pain and numbness over lateral aspect of her left foot followed by weakness of left lower limb. 6 months later she developed weakness of right lower limb
- spastic weakness
- distal> proximal

- Weakness of both lower limbs in the form of difficulty in getting up from squatting position, [left> right]
- Difficulty in holding slippers
- H/O tripping of toes while walking
- h/o buckling of knees
- No H/O thinning or twitching of muscles
- Not associated with involuntary movements
- Able to roll over bed
- H/O paraesthesia, numbness in both lower limbs below groin
- No weakness or sensory symptoms in the upper limbs
- No diurnal variation

- No H/O radicular, vertebral, funicular pain
- No h/o constricting band like sensation around trunk
- Able to feel hot and cold sensation
- H/O cotton wool sensation on walking
- No History suggestive of Lhermitte's sign
- No symptoms suggestive of raised intracranial tension
- No history suggestive of higher function disturbance
- No history suggestive of cranial nerve involvement

- No H/O bowel and bladder disturbance
- No H/O postural giddiness, abnormal sweating
- No History suggestive of cerebellar involvement
- No H/O pain or swelling over the spine
- No H/O fever, rashes, joint pain
- No H/O loose stools
- No H/O recent vaccination or animal bite
- No H/O bleeding manifestations

PAST HISTORY

- H/o trauma – 4 yrs back- fall due to tripping of toes
- No H/O surgery, procedures in the past
- No other comorbidities/chronic medication

MENSRUAL HISTORY:

RMP- 4/30

no excessive menstruation

PERSONAL HISTORY:

mixed diet

no addiction

FAMILY HISTORY:

no H/O similar illness in family members

GENERAL EXAMINATION

- Conscious
- Oriented
- Moderately built and nourished
- Afebrile
- No pallor/cyanosis/ clubbing
- Anicteric
- No pedal edema
- No generalized lymphadenopathy
- No markers of HIV/TB
- No neurocutaneous markers

- Thyroid – normal
- Breast- normal
- No KF ring
- No low hair line
- Height neck ratio- 12:1
- B/L pes cavus deformity +
- kyphosis +
- No marfanoid features

VITALS

- PR-76/min
- BP- 120/70 in R UL in supine posture
- SPO2- 98% in RA
- Temperature- 98 degree F
- RR-18/min

CNS EXAMINATION

Higher functions- normal

Right handed

CRANIAL NERVES- normal

MOTOR SYSTEM-

bulk

	RIGHT(cm)	LEFT(cm)
FOREARM	21	21
ARM	26	26
THIGH	36	36
LEGS	26	26

TONE-

	RIGHT	LEFT
UL	normal	Normal
LL	hypertonia	Hypertonia

POWER-

	RIGHT	LEFT
UL	5/5	5/5
HIP- FLEXION	4/5	4/5
EXTENSION	4/5	4/5
ADDUCTION	4/5	4/5
ABDUCTION	4/5	4/5
INT ROTATION	4/5	4/5
EXT ROTATION	4/5	4/5

	RIGHT	LEFT
Knee- flexion	4/5	4/5
extension	4/5	4/5
Ankle- dorsiflexion	2/5	2/5
Plantar flexion	4/5	4/5
Inversion	3/5	3/5
eversion	3/5	3/5

Beevor's sign- negative

	RIGHT	LEFT
CORNEAL	+	+
CONJUNCTIVAL	+	+
ABDOMINAL	Present	present
PLANTAR	extensor	extensor

	RIGHT	LEFT
BICEPS	++	++
TRICEPS	++	++
SUPINATOR	++	++
KNEE	+++	+++
ANKLE- CLONUS +	++++	++++

No release reflexes, no patellar clonus

SENSORY:

Pain, temperature, crude touch- diminished below groin

fine touch, vibration- diminished below groin

vibration over spine- normal

no spinal tenderness

GAIT:

spastic gait

- No cerebellar signs
- No signs of meningeal irritation
- Spine – kyphosis
- Cranium - normal
- No peripheral nerve thickening
- Other system examination:

CVS: S1 S2+
No murmur
RS: NVBS+
no added sounds
P/A: Soft
no organomegaly

DIAGNOSIS

Chronic spastic paraparesis- compressive myelopathy- extramedullary lesion

Sensory level- L1

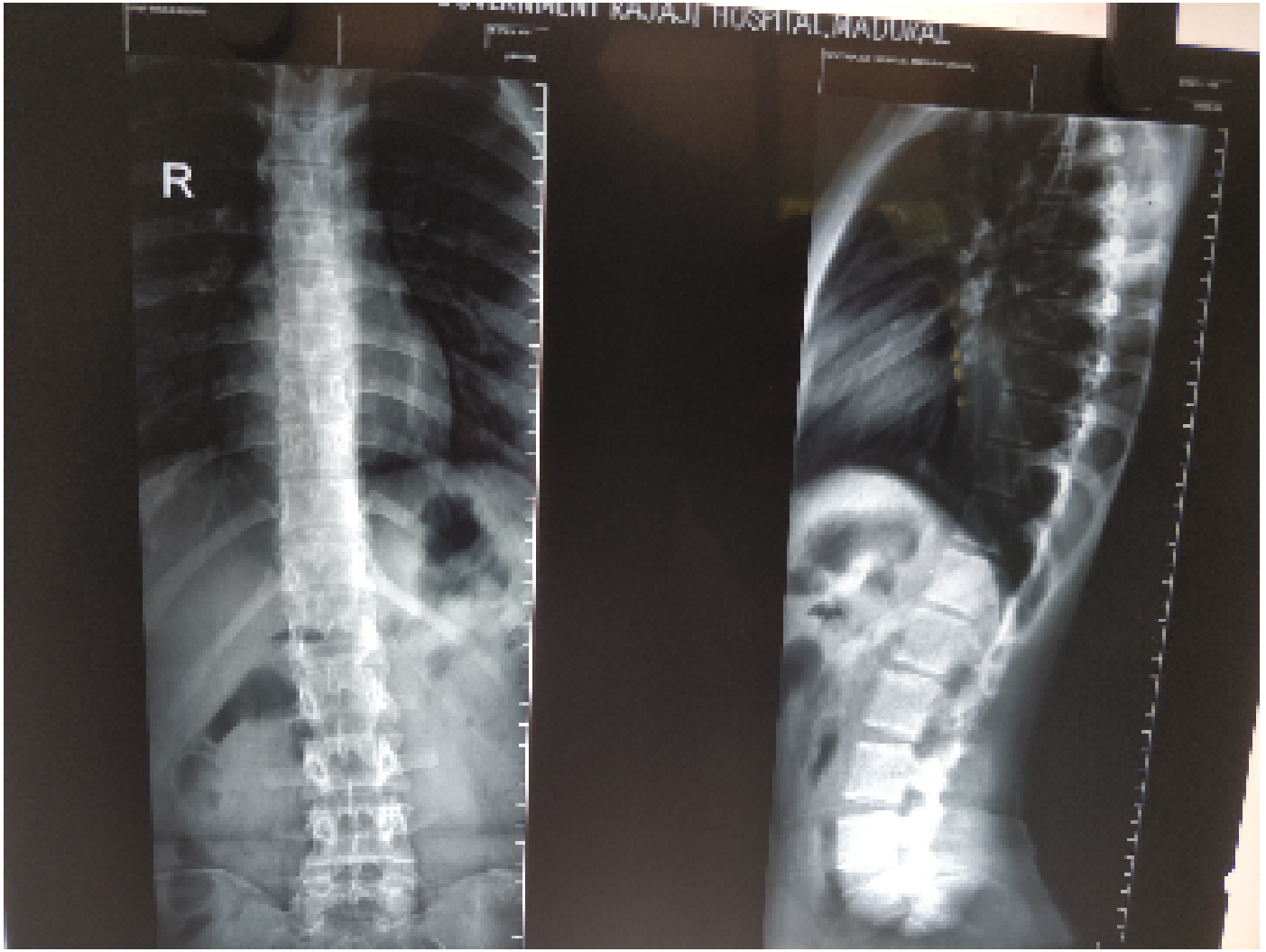
Motor level- L1

Reflex level- T12

INVESTIGATIONS

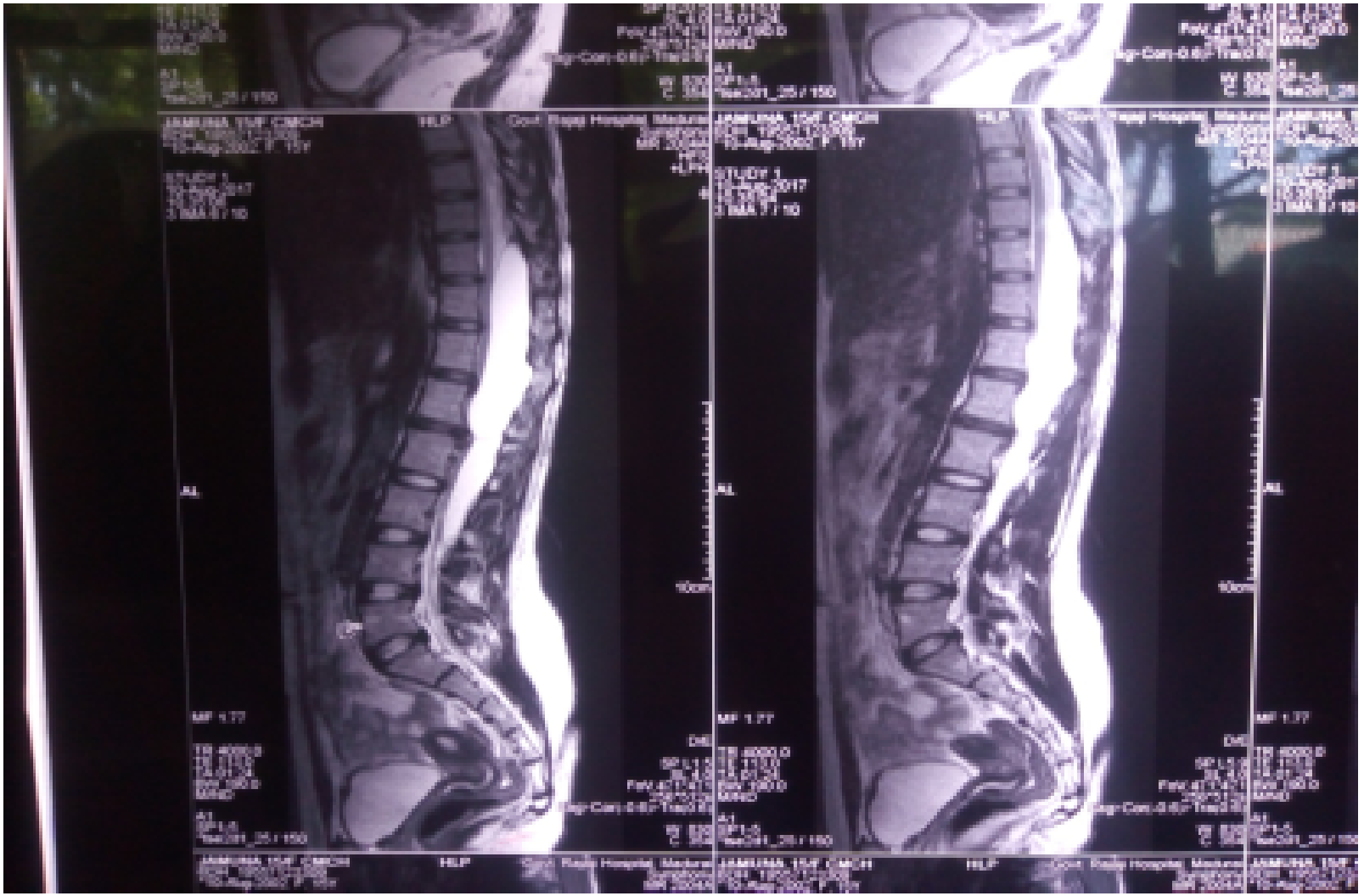
- RBS-77 mg/dl
- Urea-19 mg/dl
- creatinine- 0.9 mg/dl
- Bilirubin- 0.4 mg/dl
- SGOT-25 U/L
- SGPT- 17 U/L
- Hb-10.5g/dl
- TC- 7500 cells
- PCV-32%
- DC -P-60% L- 28% Mix- 12%
- PLC- 3.2 L

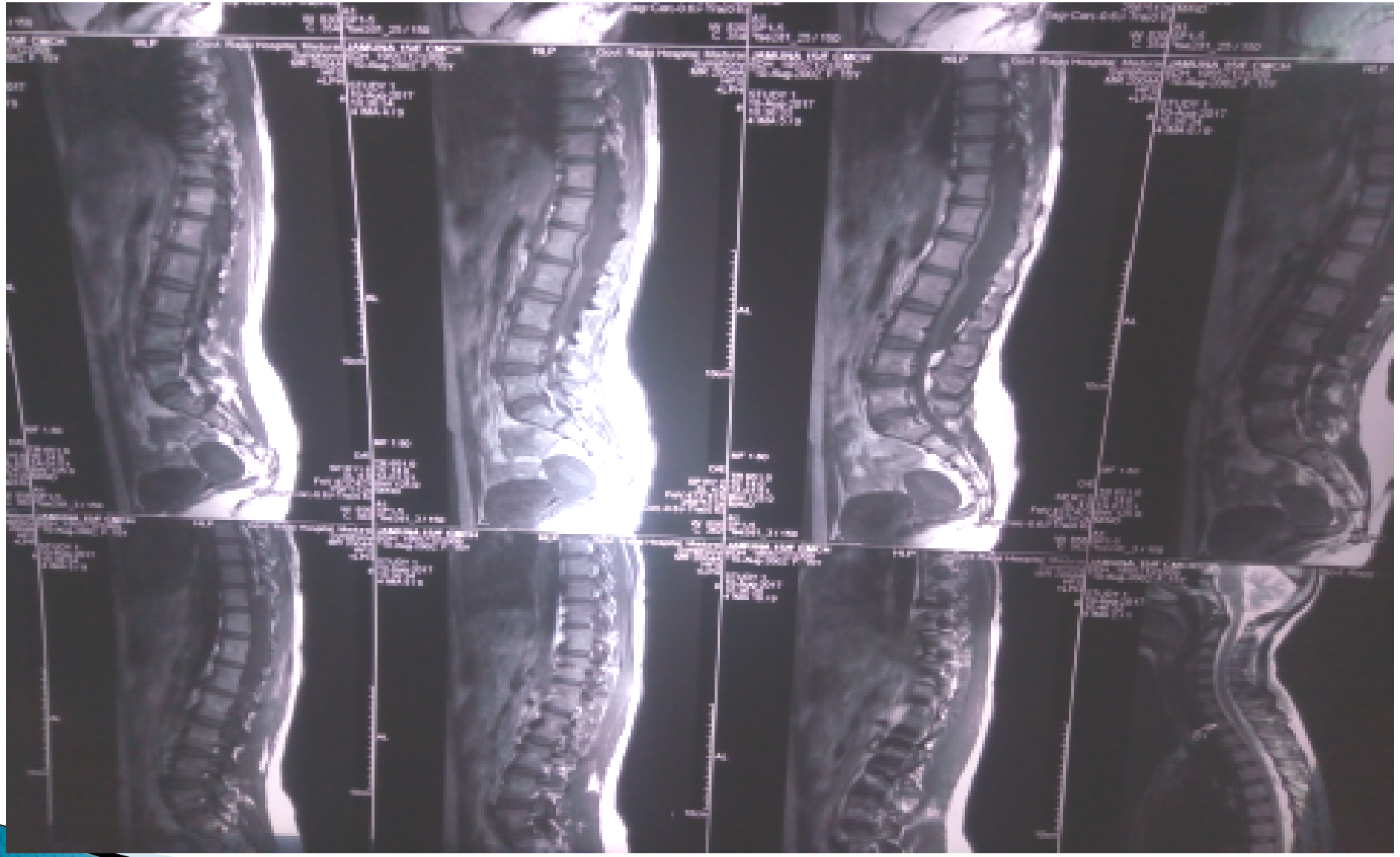
X-RAY DL SPINE

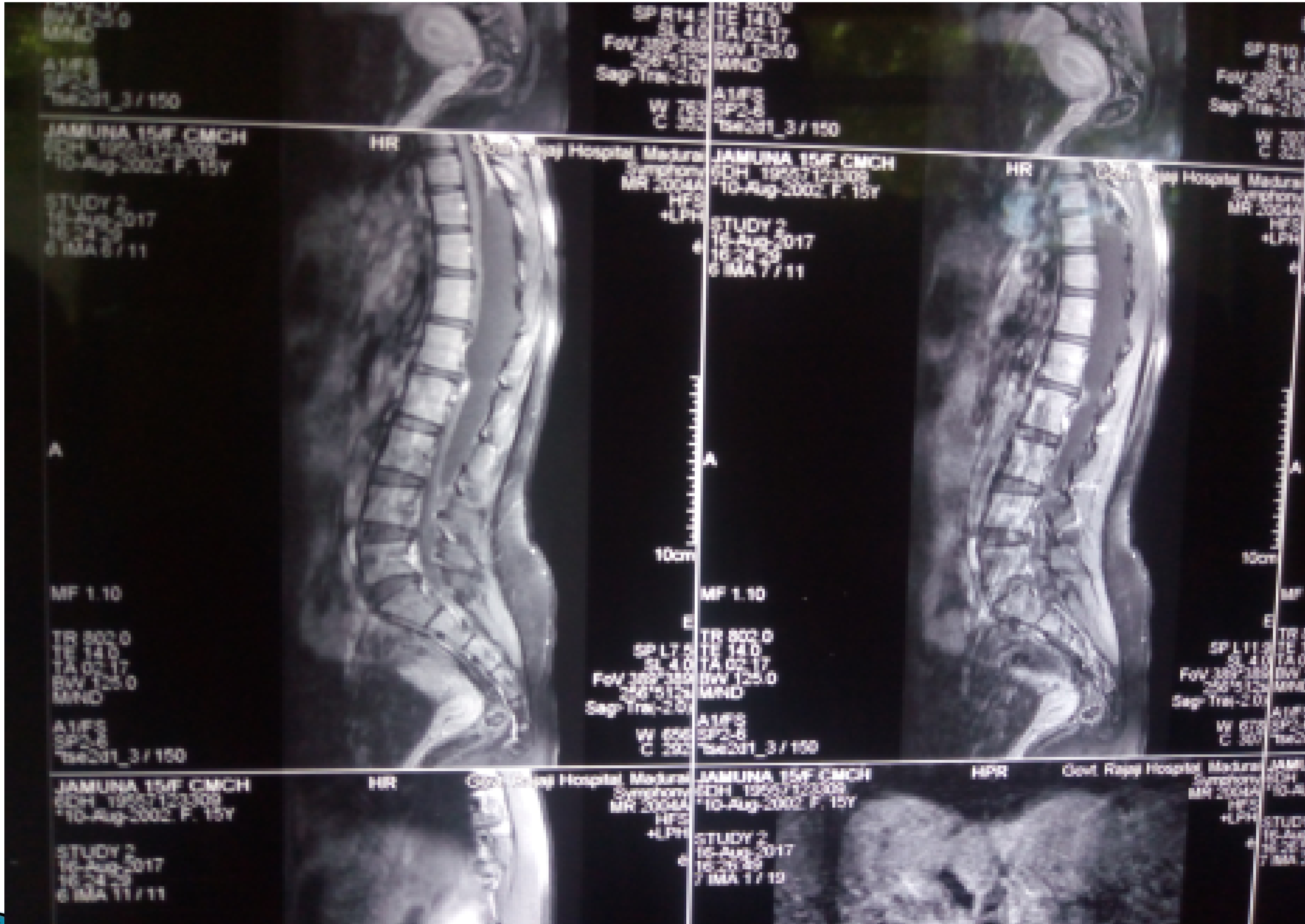


- Showing exaggerated lumbar lordosis and kyphosis

MRI- DL SPINE





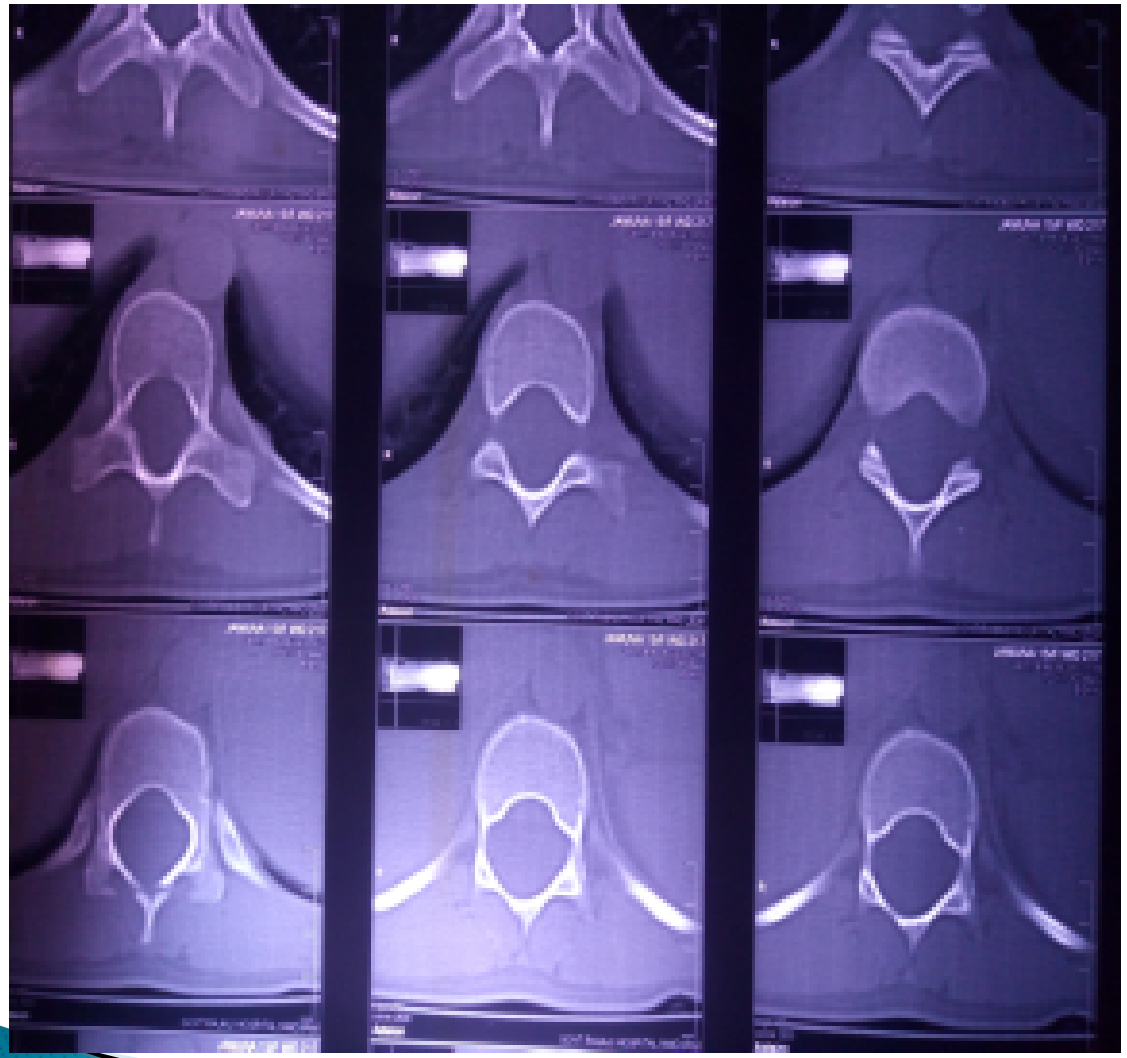


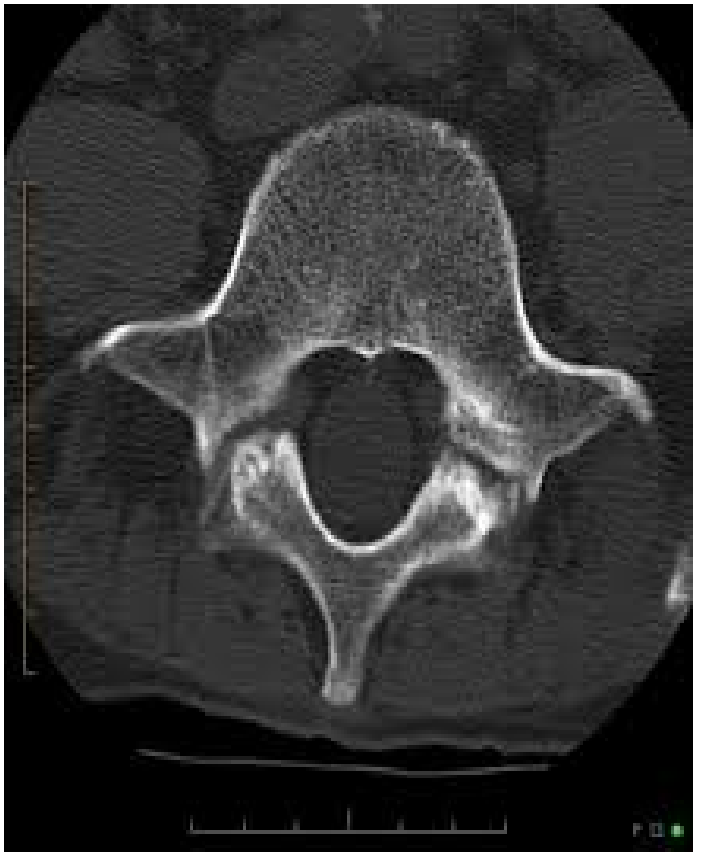
JAMUNA 15/F CMCH
HR
STUDY 2
16-Aug-2017
10cm
MF 1.10
TR 802.0
TE 14.0
A1/FS
HPR

MRI REPORT

- E/O intradural extramedullary CSF intense lesion noted extending from D9-L3 LEVEL
- Lesion displacing the spinal cord anteriorly and the spinal cord appears thinned out
- s/o arachnoid cyst
- Spinal cord ends at L2 L3 level
- No e/o altered cord signal intensity
- On contrast- lesion does not enhance

CT SPINE





CT- SPINE REPORT

- Widened spinal canal
- Thinning of lamina

TAKE HOME MESSAGES

- Most of the time arachnoid cysts are asymptomatic and incidental finding
- There are no symptoms or signs specific for arachnoid cyst
- It presents with variable and rare symptoms
- MRI is specific and sensitive
- Prognosis depends on the duration and extent of irreversible neurological damage
- Treatment- surgery if symptoms attributable to arachnoid cyst

THANK YOU