

ABSTRACT

Interesting Case of Neuropathy

Vivek jindal¹ , S. K. Jotkar², G.G.Harshe²

¹Resident, ²Associate Professor, Dept of Medicine, D Y Patil Medical College, Kolhapur

Email: drvivekjindal@gmail.com

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CLINICAL HISTORY:

A 20 year old female patient, student of 12 th std. admitted with c/o loose motions , 25 – 30 episodes for one day and vomiting, 20- 25 episodes for one day. Loose motions were watery, associated with blood and mucous in stools and along with abdominal pain. Patient also had h/o fever for one day, mild grade. She was absolutely alright before the illness and denied any complaints. Her diet was strict vegetarian.

On Examination

Patient was conscious, oriented, was febrile (100* F). Patient also had tachycardia, hypotension (blood pressure 70/50 mm hg). Severe pallor was present. Patient also had signs of dehydration.

Clinical Impression

It appeared to be a simple case of acute gastroenteritis...with shock(hypotension and dehydration). No h/o anuria prior or during hospital stay.

The next morning there were no fresh complaints by the patient However we noticed slurring of speech on next morning itself.

Repeat clinical examination was done.

Patient was conscious, oriented, speech was slurred. Pupils normal size, reacting to light. Fundus examination was N. Patient had bilateral facial weakness. Gag reflex was N. Power was grade 4 in both UL and LL. Hand grip was B/L weak...Ankle jerk was not elicitable. Plantars were B/L flexor Sensory examination N., JP/vibration N. Patient had ataxia.

Barring minimal abdominal tenderness patient had no other systemic involvement

Clinical Impression :

- Acute bacterial/ viral gastroenteritis with shock

- Neurological involvement in the form of PNP
- ? GBS

INVESTIGATIONS

Hb	4.9	Urea	73/ 24
MCV	101.2	Creat	1.2/0.7
TLC	2600	RBS	112
Plt count	33000	Na+	133
PS	macrocytic	K+	3.6
	anisocytosis	Cl-	94
	poikilocytosis	HIV	Non reactive
	macro ovalocytes	PS for MP	negative
	polychromasia		
	Tear drop cells		
Stool r/m	Watery.		
	Pus cells plenty		
	RBC 30 - 40		
Serum B 12 level	125 pg/ ml	211 – 911 pg/ ml (normal range)	

B 12 Neuropathy

May lead to B/L peripheral neuropathy, Posterior column involvement, Pyramidal tract involvement, Optic atrophy or cerebral symptoms.

Patients may present with muscle weakness, paraesthesias, difficulty in walking, sometimes dementia, psychotic disturbance or visual impairment. Long term deficiency in infancy may lead to poor brain development, impaired intellectual development.

Patients Course: The patient responded quickly to parenteral supplementation of vitamin B 12 as evidenced by improved power, hand grip to near normal. Ataxia improved within 5 – 7 days. Correction of anemia was also achieved. Presenting symptoms of loose motions and vomiting also gradually recovered.

DISCUSSION

The patient initially appeared to be a case of acute gastroenteritis with shock. Soon after the patient was stabilized the patient was noticed to have neurological involvement in the form of neuropathy. The diagnosis of GBS was thought of but in the presence of ongoing fever and acute gastroenteritis it was not the primary consideration. The presence of low B 12 levels, done because of the presence of anemia and a high MCV, along with the history of a strict vegetarian diet brought in the diagnosis of B 12 neuropathy. The patient had a dramatic response to parenteral B 12 administration as evidenced by the clinical improvement.

The patient is on regular follow up and is receiving parenteral B 12 administration and remains totally symptom free.