Abstracts - Posters

An Unusual Case Of Dermatomyositis Associated With Multiple Angiolipomas

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Chettinad Health City Medical Journal 2019; 8(2): 73

Abstract

Dermatomyositis is a chronic inflammatory immune mediated disorder of skin and muscles. Patients with classic dermatomyositis typically present with symmetric, proximal muscle weakness, and skin lesions that demonstrate interface dermatitis on histopathology. We report a 39 year old female who presented with painful proximal myopathy with multiple joint pain. She had hyperpigmented rashes over forehead, nasal bridge and anterior wall of chest. On examination there were multiple painful small nodules over joints with restriction of movements. Excision biopsy showed features consistent with angiolipoma. Musle biopsy report favoured diagnosis of dermatomyositis and she was started on injection methotrexate.

Key words

Dermatomyositis, Angiolipomas, Methotrexate

Priapism Following Scorpion Sting: A Cardiac Premonitory Sign

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Chettinad Health City Medical Journal 2019; 8(2): 73

Abstract

A 3 year old boy presented with a history of scorpion bite. He presented with severe pain at the site of sting and vomiting. On arrival, the child had no respiratory distress but he was irritable, diaphoretic and had priapism. His heart rate was 138 beats per minitute and blood pressure was 126/84 mmHg. He was managed with oxygen via mask and Jackson-Rees circuit, IV normal saline 5ml/kg and tablet Prazosin 0.5 mg. He was monitored in the MICU for signs of myocarditis. Eventually he became hypotensive and developed pulmonary edema due to myocarditis. He was managed with non invasive positive pressure ventilation and dobutamine. He was gradually weaned of inotropes. Fatality rate is highest in the first 24 hours after scorpion sting due to respiratory or cardiovascular failure following alpha receptor stimulation by the toxin. Adequate fluid replacement and inotropic support improves hypotension. Anti venom therapy does not prevent the cardiovascular manifestation. Prazosin blocks post synaptic alpha 1 receptors. Presence of priapism (Grade 3 envenomation) correlates positively with occurrence of myocarditis. Hence children with scorpion sting should be observed for myocarditis especially in the presence of priapism.

Key words

Scorpion sting, Priapism, Myocarditis.

Post Varicella Cerebellitis – A Case Report

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Abstract

Varicella is an acute, exanthematous, and highly infectious disease affecting virtually every child in the absence of vaccination programs. Varicella has mostly an uncomplicated course in early childhood. Nevertheless, it may result in severe complications. Among neurological complications, acute cerebellitis was the most frequent manifestation. 15 Year old girl, with history of varicella zoster infection 2 months ago, presented with complaints of swaying while walking since 2 weeks. General examination revealed skin lesions in the chest and back regions. On systemic examination, she was found to have positive cerebellar signs bilaterally and no motor weakness or sensory disturbances. All routine blood investigations were found to be normal. MRI brain showed features of acute bilateral cerebellitis, mildly dilated bilateral lateral ventricles and 3rd ventricle. Patient was started on intravenous corticosteroids. After 2 weeks of immunosuppressive therapy, patient showed improvement of her involuntary movements and ataxia. Repeat MRI brain revealed complete resolution of lesion in the right cerebellar hemisphere, very minimal residual hyperintensity in the posterior aspect of left cerebellar hemisphere and no evidence of hydrocephalus.

Key words

Varicella zoster, Cerebellitis, Ataxia, Immunosuppressive therapy

A Case Of Down's Arthropathy

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Abstract

A 35 yr old male, who is known case of Down's syndrome with complex congenital heart disease and hypothyroidism presented with pain and swelling of right knee and ankle joints. Musculoskeletal examination revealed features of right knee arthritis and hyperflexibility of left hip joint. Investigations revealed polycythemia and elevated CRP - 11.48. Synovial fluid analysis was done and reports did not show evidence of gouty or tubercular arthritis. Reports showed elevated LDH, ADA and total count. Thus we arrived at a final diagnosis of Down's arthropathy. Literature states that Downs arthropathy is rarely recognized and under diagnosed but is more common than juvenile idiopathic arthritis. Hence patients with Down's syndrome may have various causes of arthritis but a diagnosis of Down's arthropathy is always a possibility.

Key words

Downs arthropathy, Juvenile idiopathic arthritis.

A Case Of Double Fever

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Abstract

Malaria and dengue are commonest vector borne diseases in India. Due to similar clinical presentations of malaria and dengue, these co-infections may give rise to an incorrect diagnosis or may be difficult to diagnose. Areas where both vectors co-exist, double infection cannot be ruled out. A 40 year old male with no comorbidities came with generalised tiredness since 1 week, high grade fever with chills and rigors since 4 days and abdominal pain since 4 days. On examination he was febrile and had tachycardia, tachypnoea, and hypotension. Icterus was present. Bilateral rhonchi and hepatomegaly were observed. Investigations were done and he was diagnosed as a case of malaria and dengue. Patient was started on IV fluids, antimalarials, antipyretics and other symptomatic measures. Patient gradually improved during the course of hospital stay.

Key words

Malaria, Dengue, Double fever

Dabigatran Induced Adrenal Hemorrhage

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Abstract

Dabigatran is used in the treatment and prophylaxis of deep venous thrombosis, pulmonary embolism and in non valvular atrial fibrillation. It causes bleeding in 11-19%. We report a case of adrenal hemorrhage due to dabigatran. A 49 year old male presented with epigastric pain for one day. He had prior history of hereditary spherocytosis and was on T.Dabigatran 150mg twice daily for recent deep venous thrombosis. On examination vitals are stable, mild pallor, icterus were present. In the ward, he suddenly developed giddiness, profuse sweating and was found to have tacycardia of 110/min and hypotension of 80/50 mmHg. There is sudden drop in heamoglobin and platelets. Serum cortisol was <0.4 µg/dl. CT scan of abdomen revealed bulky bilateral adrenal gland with hemorrhage. Initially patient was managed with bolus IV fluids; one packed red blood cell transfusion was done and was started on injection hydrocortisone. He was discharged with oral steroids. Since continuous anticoagulation was required for deep venous thrombosis, after discussing the consequences of dabigatran, it was restarted after 4 weeks.

Key words

Dabigatran, Bilateral Adrenal Haemorrhage, Deep vein thrombosis

Hemoglobinopathies Diagnosed In Uncommon Geographic Region.

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Abstract

Hemoglobinopathies are not so common in the northern part of Tamil Nadu. However, within a short span of two months we have diagnosed three patients with hemoglobinopathies. Two patients were from the migrant population of Kelambakkam. One patient was native of Tamil Nadu. For all the three patients EDTA sample for CBC was collected. In the patient native to Tamil Nadu, sickle cells were seen in the peripheral smear together with target cells and Howell Jolly bodies. One patient showed mild anemia of 9.5gm/dL and the other patient showed normal hemoglobin of 13.2gm/dL. In both these patients there was a relative erythrocytosis with a low MCV and MCH. The high performance liquid chromatography (HPLC) for hemoglobin variant analysis showed homozygous sickle cell disease in the first patient. The second patient showed a band of 87.5% of unknown variant ?HbD Punjab and HbA2 of 4.4% suggestive of HbD Punjab/ Beta thalassemia trait. The third patient showed HbA2 of 6.2% and was diagnosed as heterozygous beta thalassemia trait.

Key words

Hemoglobinopathies, HbD Punjab, Sickle cell

Topiramate Induced Acute Angle Closure Glaucoma

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Abstract

Topiramate is an anticonvulsant used in the treatment of epilepsy, vertigo and migraine prophylaxis. Acute angle closure glaucoma is a known side effect of topiramate. We present a 42 year old male who was started on topiramate 25 mg/day for vertigo. He presented with severe headache since 1 day after nine days of starting topiramate. On examination, vision was 6/6. Both eyes showed clear corneas, shallow anterior chambers, clear lens and reactive pupils. Intraocular Pressure was 56 mmHg in right and 52mmHg in left eye. Gonioscopy showed closed angles. Considering the bilateral involvement and history of taking topiramate, diagnosis of topiramate induced AACG was made. Topiramate was stopped and patient was started on I.V mannitol, timolol, brimonidine, prednisolone eye drops, diamox. Patient started improving from second day and IOP became normal in 4 days with normal angles on gonioscopy. A high index of suspicion and prompt management in topiramate induced bilateral AACG helps in quick and complete visual recovery.

Key words

Topiramate , Acute angle closure glaucoma , Anticonvulsants

The Silence Of The Lungs

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Abstract

Primary spontaneous pneumothorax (PSP) occurs in otherwise healthy individuals. It is more common in tall statured, males, smokers and in presence of blebs. Recurrence rate of PSP is 29% at 1 year on same side with contralateral being 16%. A 19 year old male smoker with marfanoid features presented with left sided chest pain and breathlessness. Examination revealed decreased air entry in the left hemithorax. Chest xray showed left sided pneumothorax. CT chest showed pneumothorax on the left side and bilateral sub pleural apical blebs. Intercostal drainage was placed to relieve dyspnea. Patient quit smoking. 1 month later, the patient presented with similar complaints. In view of left hydropneumothorax, ICD drainage and pleurodesis were done. Patient was symptom free for 6 months and presented with contralateral hydropneumothorax. ICD drainage was done but he refused pleurodesis. Patient is symptom free with no recurrence in 3 years follow up. The recurrence is more in women (71%); smoking cessation reduces risk of recurrence by fourfold. This case is being presented to highlight the recurrence of pneumothorax within 6 months.

Key words

Primary spontaneous pneumothorax, Smokers, Blebs.

A Rare Case Of Posterior Reversible Encephalopathy Syndrome

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Chettinad Health City Medical Journal 2019; 8(2): 77

Abstract

Posterior reversible encephalopathy syndrome (PRES) is a syndrome characterised by headache, confusion, seizures and visual loss. It can present as status epilepticus also. Most common causes are malignant hypertension, eclampsia, renal failure and drugs (immunosuppressants like cyclosporine and tacrolimus). Our case is a 36yr old male patient with no known comorbid illness, came with complaints of giddiness, blurring of vision and seizures. At the time of presentation, his blood pressure was 220/140mmHg. Fundus evaluation showed bilateral established papilledema. MRI brain showed features of posterior reversible encephalopathy syndrome with cervical cord involvement. Investigation showed deranged renal parameters. Ultrasound abdomen showed right contracted kidney. MR angiogram revealed right renal artery stenosis and renal artery angioplasty was done. Posterior reversible encephalopathy syndrome with cervical cord involvement is a rare entity. Malignant hypertension secondary to renal artery stenosis is the commonest cause of posterior reversible encephalopathy syndrome (PRES) in males and eclampsia is the leading cause in females.

Key words

Posterior reversible encephalopathy syndrome, Malignant hypertension, Renal artery stenosis.

An Interesting Presentation Of Subclavian Steal Syndrome

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Abstract

Subclavian steal syndrome is a constellation of signs and symptoms that arise from retrograde blood flow in the vertebral artery or the internal thoracic artery due to a proximal stenosis or occlusion of subclavian artery. The increased metabolic demand of left or right arm musculature during exercise is met by retrograde blood flow down the vertebral artery and results in symptoms of brain stem ischemia. Patients usually presents with syncope, unequal pulses, anisosphygmia between 2 upper limbs. We report a case of 55 year old male who presented with the symptoms of posterior circulation stroke and eventually diagnosed as a case of left subclavian steal syndrome.

Key words

Subclavian steal, Syncope, Brainstem ischemia, Posterior circulation stroke.

An Interesting Case Of Sero-Negative Systemic Sclerosis

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Abstract

Systemic sclerosis is a chronic progressive multisystem disease involving skin, lungs, heart, gastrointestinal tract associated with autoimmune antibodies in serum (90%). We report an interesting case of 48 year old female who is a known case of type 2 diabetes mellitus and coronary artery disease, presented with difficulty in breathing, abdominal distension, vomiting, loose stools, dizziness and easy fatigability. On examination systemic sclerosis features were present. ECG showed sick sinus syndrome. Computed tomography of chest revealed interstitial lung disease. Patient is clinically diagnosed to have systemic sclerosis but ENA profile was negative. Hence diagnosis of sero-negative systemic sclerosis was made.

Key words

Systemic sclerosis, Interstitial lung disease, Sick sinus syndrome

A Case Of Hepatobiliary Manifestation Of Inflammatory Bowel Disease–A Case Report

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Abstract

Liver and biliary tract is one of the most common site of extra-intestinal manifestations of inflammatory bowel disease. Primary sclerosing cholangitis is the most common and specific one. Approximately 5% of patients with ulcerative colitis have primary sclerosing cholangitis. This is a case report of a 30 year old male patient presented with complaints of loose stools for last 3 years which gradually increased in frequency from 3-4 times to 6-7 times/day, semi-solid in consistency, yellow in colour, associated with blood and mucus. History of passage of stools during night 3-4 times/day. History of pain abdomen, jaundice and pruritus were present for last 1 year. On examination icterus was present and abdominal examination was normal. Blood investigation showed altered liver function test and ANA positive. Sigmoidoscopy revealed features of ulcerative colitis. MRCP showed early primary sclerosing cholangitis.

Key words

Ulcerative colitis, Extra-intestinal manifestations, Primary sclerosing cholangitis.

Catch Me If You Can

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Abstract

Disseminated TB is defined as tuberculous infection involving the blood stream, bone marrow, liver, or 2 or more noncontiguous sites. A 37 year old lady presented with left sided chest pain for 1 year and fever for 1 month duration. There was history of significant weight loss. Chest xray showed bilateral lower zone reticulonodular pattern. Mantoux test was strongly positive (>20mm). Sputum AFB, gene Xpert were negative. Bronchoscopy showed narrowing and hyperemia of left lowe rlobe bronchus - features suggestive of inflammatory pathology. CECT chest showed multiple lytic lesions in right 9th rib, left 6th rib, sacrum and lumbar vertebra, and 2 retrosternal lesions adjacent to xiphisterum. Multiple necrotic nodes in peripancreatic, paraaortic and retrocaval regions were noted. Multiple scattered nodules were seen in both lungs, hepatic and splenic parenchyma. She was started on ATT based on clinical diagnosis and patient showed clinical and radiological improvement. Disseminated tuberculosis should always be considered in differential diagnosis of patients with suggestive clinical and imaging findings after ruling out malignancy and other respiratory diseases.

Key words

Disseminated tuberculosis, Multiple lytic lesions, Reticulonodular pattern.

Characteristic Four!!!

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Chettinad Health City Medical Journal 2019; 8(2): 80

Abstract

Gerstmann syndrome is a rare neurological disorder that can occur as the result of brain injury or as a developmental disorder. The syndrome is characterized by the loss or absence of four cognitive abilities. It does not run in families. Developmental form is usually accompanied by other cognitive abnormalities also. Adult onset generally presents as a pure form of gerstmann syndrome. A 65 year old male who was a known case of systemic hypertension was brought with history of one episode of involuntary movements of upper limb and lower limb. After this episode he was disoriented and confused for 2 hours. There was no associated headache, fever, vomiting or weakness. On examination, he was found to have finger agnosia, acalculia, agraphia amd right left disorientation. MRI Brain revealed a focal subcortical white matter change in the left parietal lobe suggestive of space occupying lesion. He was advised surgery but patient was not willing hence supportive management was continued.

Key words

Gerstman Syndrome, Finger agnosia, Acalculia, Agraphia, Right left disorientation

Bullous Impetigo Presenting As Circinate Lesion

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Abstract

A 10 months old female baby reported with oozing lesions over the right side of the chest and left cheek for the past 3 days. There was history of fluid filled lesions 5 days ago which ruptured to form annular lesions. Itching was present. No history of fever or upper respiratory tract symptoms. On examination a single annular plaque with well defined, raised borders with collarette of scaling, oozing and crusting was present over the right side of the chest. Central clearing was present. A round to oval, well defined, oozing, annular plaque with erythematous base was present over the left cheek. Gram stained smear of the discharge revealed the presence of gram positive cocci in clusters, most probably Staphylococcus aureus. Diagnosis of Bullous Impetigo was made. Mupirocin 2% ointment BD, Syp .Cephalexin 5ml BD for 5 days was given. Topical and oral antibiotics are advised for mild cases. In severe cases, hospitalization is advised along with parenteral antibiotics.

Key words

Staphylococcus, Collarette, Annular, Bullous impetigo.

Extensive Verruca Vulgaris In A Patient With No Comorbidities

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Abstract

A 48 year old female patient presented with multiple verrucous growths over both hands, forearms, neck, back and face for the past 2 years. There was history of appearance of a single verrucous papule over the right thumb before 2 years which slowly increased in size and became more warty and verrucous, along with appearance of new similar lesions over both hands, forearms, face, neck and back. No known comorbidities and family history was insignificant. Multiple verrucous irregular papules were present over dorsum of both hands, forearms, back of the neck, midline over the back, face. Complete blood count, liver function tests, renal function tests, urine routine, random blood sugar were normal. Histopathological examination showed acanthosis with proliferative hyperkeratotic cells with finger like projections. RF cautery was done and patient was advised follow up after 2 weeks. Since there were no associated comorbidities, the extensive lesions are mostly due to autoinoculation of infected lesions to other areas resulting in widespread lesions elsewhere in the body.

Key words

Verruca vulgaris, Acanthosis, Human papilloma virus, Hyperkeratosis.

An Unusual Case Of Asymptomatic Intracranial Abscess

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Chettinad Health City Medical Journal 2019; 8(2): 81

Abstract

Subdural empyema is a life-threatening complication of paranasal sinusitis, otitis media and mastoiditis. It is more likely to collect over convexities of cerebral hemispheres, in parafalcine region and above tentorium cerebelli. About 95% of subdural empyema involves the frontal lobe, and 5% involves the spinal neuraxis. It develops as a result of either retrograde spread of infection from septic thrombophlebitis of mucosal veins draining the sinuses or from osteomyelitis of skull. It can also develop from direct implantation of bacteria following neurosurgical procedure.We report an interesting case of asymptomatic subdural empyema secondary to chronic suppurative otitis media. A 37 year old male with right chronic suppurative otitis media presented with high grade intermittent fever with chills, rigors and headache, not relieved on taking medications. On examination right ear had mucopurulent discharge and right tympanic membrane had bulge in postero superior quadrant. MRI brain showed subdural empyema in right tentorial leaflet and mastoiditis with erosive changes in tegmen tympani.

Key words

Chronic suppurative otitis media, Subdural empyema, Asymptomatic intracranial abscess

A Rare Case Of Polyneuritis Cranialis Due To Diabetes Mellitus

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Chettinad Health City Medical Journal 2019; 8(2): 82

Abstract

Polyneuritis cranialis is a rare disorder in which multiple cranial nerves palsies without spinal cord involvement is seen.It usually affects VI, III, VII and V cranial nerves. The most common causes are oculo-pharyngeal variant of Guillian-Barre syndrome, lyme disease, herpes zoster, diabetes mellitus, thyrotoxicosis, and idiopathic. We report a case of 55 year old male with uncontrolled type 2 diabetes mellitus for the past 10 years who presented with left sided temporal headache for 2 weeks, numbness over the left half of the face and diplopia for 1 week. On examination patient was found to have unilateral IIIrd, IVth, VIth, Vth, VIIth, and VIIIth cranial nerves palsies. Rest of the examination was unremarkable. MRI Brain showed thickening and enhancement of V, VII, IX cranial nerves. The most common differential diagnosis for the above findings are metastasis, neurofibromatosis type II, lymphoma, multiple sclerosis and basal meningitis. After excluding all the above causes, uncontrolled diabetes mellitus was considered as a cause of polyneuritis cranialis. This case is reported because of rarity of presentation of diabetes mellitus involving only unilateral cranial nerves.

Key words

Polyneuritis cranialis, Unilateral cranial nerves palsies, Uncontrolled diabetes mellitus

Could This Be Crow Fukase Syndrome?

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Chettinad Health City Medical Journal 2019; 8(2): 82

Abstract

Crow Fukase syndrome commonly suggested by the acronym POEMS is seen with progressive sensorimotor polyneuropathy, diabetes mellitus (50%), primary gonadal failure(70%) and plasma cell dyscrasia, with associated findings like hepato-splenomegaly, lymphadenopathy and hyperpigmentation. We report a 45 year old male, a hypertensive who presented with claudication pain in bilateral lowe rlimbs, generalized weakness, unquantified weight loss and anorexia. He was malnourished with bilateral significant axillary lymphadenopathy, bilateral pitting pedal edema with tenderness over both ankle and hepato-splenomegaly. Baseline investigations were normal except for serum creatinine of 1.5 and proteinuria. Doppler of lower limb arteries showed saccular aneursym in posterior wall of left common femoral artery. CT abdomen with peripheral angiogram showed hepato-splenomegaly with multiple sclerotic lesions and multiple hyper enhancing lymph nodes. NCS showed sensory neuropathy of lower limbs, demyelinating sensorimotor neuropathy of bilateral ulnar nerves, bilateral median nerve entrapment, following which possibility of POEMS was considered which was confirmed with serum immune-fixation and bone marrow biopsy. The close differentials for this patient were Castleman disease and osteosclerotic variant of multiple myeloma. However, POEMS was confirmed and the patient was started on MDex regimen. Patient is doing well after three cycles of chemotherapy.

Key words

Crow Fukase syndrome, POEMS, Primary gonadal failure.

A Rare Case Of Vitamin B 12 Deficinecy Masquerading Addisons

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Chettinad Health City Medical Journal 2019; 8(2): 83

Abstract

A 37 Year old female presented with hyperpigmentation of tongue, bilateral hands and foot, generalised fatigue, weight loss with history of abdominal tuberculosis and she was on category I ATT for 4 months. She was a known case of hypothyroidism and sero-negative polyarthritis. On examination she was pale, hyperpigmentation was noted on tongue, both hands and toes. She was hypotensive. Systemic examination was normal. Initially we suspected adrenal insufficiency, but her serum cortisol was 14mcg/dl. In view of pancytopenia and raised MCV (112.3) possibility of vitamin B12 deficiency was considered and levels were found to be very low (47pg/ml) and peripheral smear showed macrocytic anemia with hypersegmented neutrophils and thrombocytopenia. Hyperpigmentation resolved with vitamin B12 supplementation.

Key words

Hyperpigmentation, Adrenal insufficiency, Vitamin B12 deficiency.

Malignant Mycobacterium Mishap

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Abstract

Pulmonary tuberculosis (TB) and bronchogenic carcinoma often may have overlapping clinical features like weight loss, anorexia, cachexia,c hronic cough and chest pain. Around 2-4% of TB cases are coexisting with malignancy. Current case presented highlights co-existence of bronchogenic carcinoma and pulmonary TB. A 70 year old male presented with cough, fever, breathlessness and right sided chest pain for 1-month. Chest x-ray showed homogenous opacity in right lower zone, blunting of costophrenic angle and non-homogenous cavitatory opacity in left upper zone. Sputum AFB was negative, but gene xpert was positive for mycobacterium tuberculosis (rifampicin sensitive). Pleural fluid was exudative and cytology showed malignant cells. CECT thorax revealed right middle lobe mass with mediastinal, bilateral hilar lymph nodes, right pleural effusion and consolidatory collapse of right lower lobe. Thoracoscopy showed scattered nodules in visceral, costal and diaphragmatic pleura with parietal pleural adhesion. Biopsy revealed adenocarcinoma. Presence of risk factors like smoking, immunosuppression and contact history of TB should alert clinician for considering diagnosis of TB and lung cancer coexistence especially in high burden TB country like India.

Key words

Pulmonary tuberculosis, Bronchogenic carcinoma, Smoking

A Case of Drug Induced Refractory Hypokalemia with Acidosis

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Chettinad Health City Medical Journal 2019; 8(2): 84

Abstract

Cisplatin and its derivatives are traditionally the first-line chemotherapy drugs in most of the cancers. Platinum chemotherapy, particularly cisplatin, is commonly associated with electrolyte imbalances, including hypomagnesaemia, hypokalemia, hypophosphatemia, hypocalcaemia and hyponatremia. We report an unusual case of 60 year old male post subtotal gastrectomy patient for carcinoma stomach two months ago, who presented with abdominal pain and loose stools for 3 days, vomiting for one day. On examination pulse rate was 65 per minute, blood pressure was 170/100mmHg. Arterial blood glass showed lactic acidosis. Electrocardiogram, cardiac enzymes and ECHO were normal. Patient was started on electrolyte correction. Despite intravenous electrolyte correction the patient remained hypokalemic. During the hospital stay patient developed hypotension and started oninotropic support. Patient went in for cardiac arrest; resuscitation attempted, patient's condition initially improved and then worsened, and later expired.

Key words

Cisplatin, Refractory hypokalemia, Carcinoma Stomach.

Open Rings Of Demylination: A Rare Case Of Tumefactive Multiple Sclerosis

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Chettinad Health City Medical Journal 2019; 8(2): 84

Abstract

Multiple sclerosis is an autoimmune disorder characterised pathologically by chronic inflammation, demyelination, neuronal loss and gliosis and clinically asa relapsing remitting or progressive neurological deficit. The neurological deficit in multiple sclerosis is predominantly sensory and is often associated with optic neuritis. Tumefactive multiple sclerosis, is a rare variant of multiple sclerosis, occurring in 1/1000 case of multiple sclerosis. It is characterised by MRI findings resembling space occupying lesions, consisting of large plaques of more than 2cm size with perilesional oedema and mass effect. Clinical presentation is atypical of multiple sclerosis, and is more reflective of space occupying lesions. But rarely these patients can also present with stroke (1-2%). We report a case of a 30 year old blind female who presented with features of stroke; acute onset right sided hemiparesis, right hemi-sensory loss and left sided lower motor neuron type facial palsy following a right focal seizure. MRI Brain with contrast showed multiple open ring enhancing lesions involving bilateral cerebral hemispheres, left pons and left middle cerebellar peduncle. But unlike a vascular stroke, neurological deficits improved with pulse methyl prednisolone therapy. Tumefactive multiple sclerosi scan thus mimic clinical and radiological features of a stroke, neoplasm or abscess and therefore can be diagnostically challenging for clinicians.

Key words

Tumefactive lesions, Open Ring Enhancing Lesions, Multiple sclerosis

A Rare Case of Immune Reconstitution Inflammatory Syndrome in Immunocompetent Individual

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Abstract

Immune reconstitution inflammatory syndrome represents a clinical phenomenon of immune mediated inflammation against various antigens like mycobacteria, herpes, drugs and unknown autoantigens during recovery from immunosuppressed conditions. We report a 29 year old female who presented for evaluation of pyrexia of unknown origin. She was started onanti-tuberculosis treatment in view of a positive sputum gene xpert for mycobacterium tuberculosis. Her HIV status was negative. Patient responded transiently but again deteriorated clinically. PET scan showed mediastinal lymphadenopathy with hepatosplenomegaly. After ruling out other causes of fever, immune reconstitution inflammatory syndrome was diagnosed as she improved only with oral steroids. Immune reconstitution in pulmonary tuberculosis in non-HIV settings has been reported in 2.4% of patients.

Key words

Immune reconstitution inflammatory syndrome, Pyrexia of unknown origin, Tuberculosis, GeneXpert, Steroids

A Case Of Acute Intermittent Porphyria - An Obstetric Challenge

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Chettinad Health City Medical Journal 2019; 8(2): 85

Abstract

Acute intermittetnt porphyria is a rare autosomal dominant disease (1-2/200000) caused by mutation in the gene coding for the porphobilinogen deaminase enzymes in heme biosynthesis. The disease manifests as acute attacks of neuropsychiatric dysfunction and neurovisceral manifestations presenting as acute abdomen. We report a 21 year old female primigravida at 37 weeks 4 days of gestational age who was a known case of acute intermittent porphyria with anemia (Hb-7.1gms/dl) admitted for safe confinement. 3 years back she had complained of abdominal and lower limb pain for which she was admitted and evaluated during which she had an episode of seizure. MRI brain and CSF analysis were normal. Her ALA was 50.9 and porphobilinogen was 54.9mg/day. Since her haemoglobin was low, one unit of packed red blood cell transfusion was given. In view of cephalopelvic disproportion, patient was taken up for caesarean section and delivered an alive healthy male baby of 2.66Kgs.

Key words

Porphyria, Acute abdomen, Porphobilinogen.

Antiphospholipid Antibody Syndrome

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Chettinad Health City Medical Journal 2019; 8(2): 86

Abstract

Antiphospholipid antibody syndrome is a thrombotic disorder, defined by the presence of one or more clinical features of thrombosis and presence of antiphospholipid antibodies such as anti cardiolipin, anti beta2 GP1 and or lupus anticoagulant. This syndrome is also known as Hughe's syndrome. A 26 year old female, G3P1L1A2 was admitted with complaints of loose stools and pain abdomen for 4 days. Systemic examination was normal. There were no manifestations to suggest bleeding diathesis. Ultrasound abdomen showed portal vein and SMV thrombosis, bulky uterus with retained products of conception. Gynaecologist suggested elective termination of the current pregnancy. CECT abdomen was done which showed thrombosis of the superior mesenteric vein, splenic vein and portal vein. In view of recurrent abortions and thrombotic manifestations, workup for APLA was sent. Anticardiolipin antibodies were found to be positive and proteins C, S were found to be low. This confirmed the diagnosis of APLA. Patient was subsequently initiated on tab rivoraxaban and was discharged.

Key words

Antiphospholipid antibody, Portal vein thrombosis, SMV thrombosis.

Eaton Embolism – A Case Report On Mycoplasma Pneumonia

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Chettinad Health City Medical Journal 2019; 8(2): 86

Abstract

Community acquired pneumonia causing pulmonary embolism is known as infarction pneumonia. The term "Eaton agent" refers to mycoplasma pneumonia which in this case has lead to pulmonary embolism hence the title Eaton Embolism. A 27 year old female came with complaints of high grade fever, productive cough, and breathlessness for one week. On examination patient was found to be tachypnoeic with type 1 respiratory failure. Chest xray showed bilateral non homogeneous opacity suggestive of ARDS. Echo revealed moderate PAH. HRCT revealed bilateral segmental and sub segmental pulmonary artery thrombosis with features suggestive of bilateral consolidation and pleural effusion. Lower limb venous doppler was normal. Coombs test was positive with positive mycoplasma serology. ANA, Anti beta2 microglobulin were positive and dsDNA was negative. In view of worsening ARDS, patient was intubated following a trial with NIV. Patient was started on broad spectrum antibiotic (meropenam and clarithromycin) along with anticoagulants and steroids in view of vasculitis picture. Patient significantly improved with treatment and discharged with oral anticoagulants and steroids.

Key words

Pulmonary embolism, Mycoplasma Pneumonia, Coombs test, Anti beta2 microglobulin.

A Case Of Acute Methyl Salicylic Acid Poisoning

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Chettinad Health City Medical Journal 2019; 8(2): 87

Abstract

Methyl salicylate contains a higher quantity of salicylic acid than any other compound. This is found in extremely high concentrations in oil of winter green. Both oral and local exposure can result in systemic symptoms, particularly multiple acid base disturbances, dyselectrolytemia, respiratory failure and CNS manifestations of varied proportions. The management is primarily supportive with no definitive antidote. Here we report a case of accidental oil of wintergreen poisoning, at the maximal lethal dose, in a middle aged female with a detailed reporting on the clinical background, varied acid base changes, the derangement in various metabolic parameters not limited to the LFT, and the response of the patient to multiple cycles of forced alkaline diuresis and haemodialysis. The patient succumbed to respiratory failure within 72 hours, despite appropriate protocol being followed in the treatment. This case scenario has revealed much about methyl salicylic acid poisoning, which is generally rare to encounter in the Southern States.

Key words

Methyl Salicylate, Dyselectrolytemia, Respiratory failure, Lethal dose.

An Uncommon Presentation Of Acute Aortic Dissection

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Chettinad Health City Medical Journal 2019; 8(2): 87

Abstract

A 43 year old male who is a known hypertensive on treatment for the past 10 years presented to our hospital with complaints of dry cough for three weeks and one episode of syncope on the morning of presentation. He had no history of chest pain, dyspnoea or palpitations. On examination he had bounding carotid pulsations with pulse rate of 100 per min, regular, collapsing in nature. His blood pressure was 180/90 mm Hg (right upper limb). Cardiovascular examination revealed an early diastolic murmur of grade 3. Other systems were normal on examination. A chest x- ray revealed mediastinal widening. ECG showed sinus tachycardia, 2D echocardiography showed dilated aortic root (6.5 cm), dissection flap involving the ascending aorta, severe aortic regurgitation with a central jet, left ventricular hypertrophy with adequate ejection fraction. Subsequently patient was taken up for a CT aortogram and confirmed to have type A acute aortic dissection. He was promptly taken up by the cardiothoracic team for an emergency Bentall procedure with aortic valve replacement. He recovered and was discharged 1 week after the procedure.

Key words

Acute aortic dissection, Bentall procedure, Mediastinal widening

Stress Induced Cardiomyopathy

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Chettinad Health City Medical Journal 2019; 8(2): 88

Abstract

Stress induced cardiomyopathy also known as Takotsubo syndrome, Broken heart syndrome, Happy heart syndrome or Apical ballooning syndrome was first described in Japan in 1991. It was named after the tako-tsubo, which is an Octopus trap, the shape of which is similar to LV apical ballooning. It accounts for 1-2% of suspected acute coronary syndrome, more (90%) in post menopausal women. Triggering factors are emotional, physical or combined. Catecholamine excess, coronary spasm, microvacular dysfunction and myocarditis are the underlying pathophysiologi cmechanisms.Chest pain, dyspnea, syncope and rarely shock will be the presentation. ECG may reveal ST elevation in chest leads, ST depression or isolated T wave inversion along with elevated troponin. Echocardiographic findings are LV apical ballooning, mid ventricular hypokinesia, global hypokinesia or focal hypokinesia.Coronary angiogram will reveal normal coronary arteries. Heart failure , cardiogenic shock, LVOT obstruction , mitral valve dysfunction, thromboembolism and death are the complications. Betablockers, antiplatelets, ACEI,are useful. Prognosis is usually good. ECG and ECHO findings revert to normal over days to weeks. We analysed the prevalence of stress induced cardiomyopathy among 1360 ACS patients from August.2018 to June 2019 and the incidence was 1.09 %. with M:F 1:4. Our other observations correlate with the literature.

Key words

Stress induced cardiomyopathy, Apical ballooning with hypokinesia, Chest pain

Is It Autoimmune Polyglandular Syndrome?

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Chettinad Health City Medical Journal 2019; 8(2): 88

Abstract

Autoimmune polyglandular syndrome (APS) comprises a diverse group of clinical entities involving functional impairment of multiple endocrine glands. We present a 36 year old female, who presented with weakness of bilateral lower limbs and drooping of eyelids which worsened over the day. Neurological examination showed bilateral ptosis with bilaterally exaggerated deep tendon reflexes and fine tremors involving both hands. A clinical possibility of myasthenia gravis along with hyperthyroidism was considered. Repetitive nerve stimulation showed a decremental response consistent with myasthenia gravis. Thyroid profile showed elevated free T4, reduced TSH and elevated anti TPO antibody titres. Imaging showed bilateral enlarged polycystic ovaries. We have to consider the possibility of APS when patient present with 2 or more autoimmune disorders. Long term follow up is needed to look for thr development of other manifestations of APS.

Key words

Myasthenia Gravis, Thyroid Disorders, Autoimmune Polyglandular Syndrome

Hashimotos Thyroditis Presenting As Intractable Hiccup

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Chettinad Health City Medical Journal 2019; 8(2): 89

Abstract

Hiccup is an involuntary, intermittent, spasmodic contraction of the diaphragm and intercostal muscles with sudden inspiration that ends with abrupt closure of the glottis, usually transient. Hiccup lasting longer than 48 hours are persistent and those lasting more than 2 months are intractable hiccups. Chronic persistent hiccups are usually due to renal, cardiac, neurological and gastrointestinal causes. Hiccup is common in clinical practice but rarely seen after introduction of H2 receptor blocker and PPIs. Hiccup has been reported rarely as a symptom in patients with hyperthyroidism and not reported in hypothyroidism so far. Hashimoto's thyroiditis is a chronic lymphocytic thyroiditis of autoimmune origin common between 40-65 years in females and rare in males. Here we report a case of 40 year old male with chronic persistent intractable hiccup as presenting symptom of hypothyroidism in Hashimoto's thyroiditis. The possible mechanism being intrathyroidal inflammation causing stimulation and irritation of phrenic nerve. Rarely hiccup has been discussed in ward rounds and mechanisms are not recalled frequently.

Key words

Hiccup, Hashimoto's thyroiditis, Hypothyroidism

Cerebral Fat Embolism

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Chettinad Health City Medical Journal 2019; 8(2): 89

Abstract

Fat embolism syndrome is a rare but serious clinical manifestation occurring after traumatic injury to long bones. Only 3-10% of long bone fracture patients develop clinical manifestations of the syndrome. Classical triad of cerebral, respiratory and cutaneous manifestations may not be present in all. A 58 year old male with alleged history of trauma to bilateral lower presented with altered sensorium. There was no history of head injury .CT brain was normal, CT pulmonary angiogram revealed no thrombosis. 2D ECHO showed no evidence of patent foramen ovale. MRI Brain revealed multiple acute infarcts suggestive of fat embolism. Cerebral fat embolism occurs by 2 mechanisms. First, fat globules enter the left atrium from the right heart through a shunt patent foramen ovale. Second, it may filter directly through the lung capillaries to reach the arterial system. Microemboli are small and malleable and may not lead to significant pulmonary injury. Cerebral fat embolism is a clinical diagnosis, but specific findings on neuroimaging studies are strongly supportive.

Key words

Cerebral fat embolism, Patent foramen ovale, Lower limb injury

An Interesting Case Of CIDP Associated With Leucoclastic Vasculitis And Hemolytic Anemia

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Chettinad Health City Medical Journal 2019; 8(2): 90

Abstract

Chronic inflammatory demyelinating polyneuropathy (CIDP) is characterized by progressive weakness and impaired sensory function in the legs and arms. It is caused by damage to the myelin sheath of the peripheral nerves. CIDP is closely related to Guillain-Barre syndrome and it is considered the chronic counterpart of that acute disease. Leukocytoclastic vasculitis is characterized by nuclear debris from the neutrophils that have infiltrated in and around the vessels during acute stages. Erythrocytes often extravasate from the involved vessels, leading to palpable purpura. We report a case of 68 year old male who is a known case of chronic inflammatory demyelinating polyneuropathy for 20 years, now presented with complaints of bilateral lower limb swelling, decreased urine output, hematuria, easy fatiguability and dyspnoea on moderate exertion. On examination patient was pale with bilateral pitting pedal edema. He had hyperpigmented maculopapular skin lesions all over the body associated with sever burning sensation, severe myalgia, and bilateral wrist joint pain. Skin biopsy confirmed IgA negative leucocytoclastic vasculitits.

Key words

Chronic inflammatory demyelinating polyneuropathy, Leucocytoclastic vasculitits.

An Interesting Case Of High SAAG Ascitis

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Chettinad Health City Medical Journal 2019; 8(2): 90

Abstract

We present a case of hypothyroidism, who presented with abdominal distention, breathlessness and pedal edema. Patient had history of diabetes, hypertension, and coronary artery disease. Patient was on thyroxine 100mcg, but was still having low serum thyroid hormone levels (serum T3 was 1.68pg/ml, serum T4 was 0.81ng/dl and TSH was 25.26 IU). Analysis of ascitic fluid revealed high SAAG, high protein ascites. We followed the algorithm and our case was not fitting into any of the causes for high SAAG ascites. By exclusion, we diagnosed hypothyroidism as cause for ascites in this case. Ascites is usually seen in liver cirrhosis, hepatic venous outflow or portal vein or IVC obstruction, CCF, nephrotic syndrome, malignancy, any infection and pancreatitis. Massive ascites is a very rare presentation in hypothyroidism. They require therapeutic ascitic tapping and correction of thyroid level is the definitive treatment which will prevent recurrence.

Key words

Hypothyroidism, Abdominal distention, Massive ascitis, High SAAG.

A Rare Presentation of Cerebello Pontine Angle Tumor

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Chettinad Health City Medical Journal 2019; 8(2): 91

Abstract

Cerebello pontine angle is the most common location of posterior fossa tumor. The most common CP angle tumor is vestibular schwanoma accounting for 85%-90%, followed by meningiomas. The clinical features vary according to the site and mass effect by the tumor. We report a 50 year old male patient who presented with intermittent tinnitus, vertigo and syncope after an assault (blunt injury) to head 10 days ago.On examination he was found to have decreased sensation over the left side of the face. He had absent corneal reflex and sensory neural hearing loss on left side. MRI brain showed T1 hypointense lesion involving VIIth and VIIIth nerve complex in left cerebellopontine angle region.

Key words

Syncope, Tinnitus, Corneal reflex, Cerebello pontine angle

All Cherries Are Not Sweet – A Case of Central Retinal Artery Occlusion

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Chettinad Health City Medical Journal 2019; 8(2): 91

Abstract

Central retinal artery occlusion (CRAO) presents with acute painless loss of monocular vision. It is considered as a form of stroke with same clinical approach and management. Incidence is 1 to 10 per 100,000 people. We report a 59 year old male, a known case of type 2 diabetes mellitus and hypertension who presented with chest pain and breathlessness. He was initially treated conservatively for NSTEMI and developed sudden onset of loss of vision in left eye on the next day. On examination, left eye showed no perception of light with relative afferent pupillary defect. Fundus examination revealed bilateral non proliferative diabetic retinopathy with cherry red spot in left eye. MRI brain showed acute infarct in left mammillary body, left half of optic chiasma and canalicular segment of the left optic nerve, and thrombotic occlusion of the intracranial segment of the left internal carotid artery. Carotid Doppler showed eccentric soft plaque in the right common carotid artery, left ICA causing moderate luminal narrowing, patchy flow at the origin of the left ICA with absent flow in the remaining visualized ICA. He was treated with dual antiplatelets and insulin. CRAO patients are at risk of subsequent cardiovascular as well cerebrovascular events with reduced life expectancy. Unless the etiology is known at presentation, carotid artery imaging study is recommended for all patients with CRAO.

Key words

Central Retinal Artery Occlusion, Cherry Red Spot, Coronary Artery Disease

An Unusual Cause Of Sensorineural Hearing Loss

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Chettinad Health City Medical Journal 2019; 8(2): 92

Abstract

A 27 years old male presented with bilateral hearing difficulty for the past 10years. Recently patient reported worsening of hearing loss for last two weeks. Cranial nerve examination revealed bilateral sensory neural hearing loss. On evaluation he was found to have raised haemoglobin levels. He was a smoker for eight years and smokes approximately one pack per day. His serum erythropoietin levels were high and JAK 2 mutation was negative. In view of elevated erythropoietin and negative JAK-2 mutation possibility of secondary polycythemia was considered. Hence three cycles of phlebotomy was done. Patient's hearing improved after three cycles of phlebotomy.

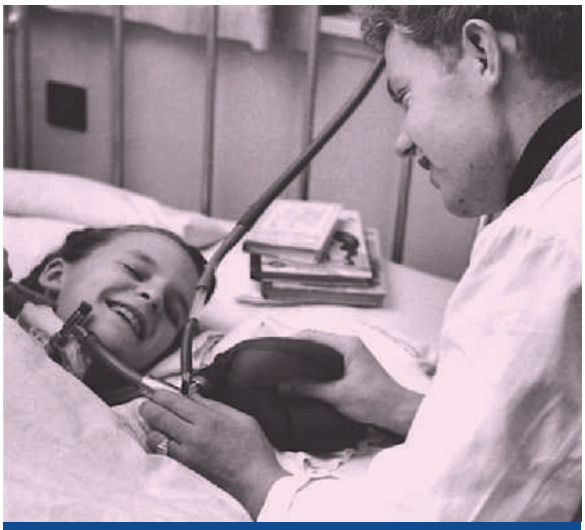
Key words

Sensory neural hearing loss, Secondary polycythemia, Phlebotomy.

Image Answer

Copenhagen Denmark : * The concept of intensive care unit emerged here

Initiator of world's first multidisciplinary intensive care unit-Björn Ibsen December 1953, Copenhagen Denmark during polio epidemic.
PC. https://www.researchgate.net



A medical student manually ventilating young girl with poliomyelitis (Copenhagen, 1953)
PC. https://www.semanticscholar.org