

1. I would like more information on the current use of botulinum toxin type-A (BTX-A). I am interested in administering it in my practice and would like guidelines on its use.

Question submitted by
Dr. S.K. Budhoo
Family Physician
St. Lawrence, Newfoundland

The cosmetic use of BTX-A has been extensively studied. The only formulation available in Canada at the present time is Botox®. We have published many articles on this subject. I would direct you to the special issue on the "Use of Botulinum Toxins" published in the May 2003 issue of *Dermatologic Surgery* (Vol. 29, No.5), and the October 2003 issue of *Plastic and Reconstructive Surgery*. In addition, you may get more information on the practical techniques of Botox injections from our Web site (www.carruthers.net).

Answered by
Alastair Carruthers, FRCPC
Clinical Professor of Dermatology
University of British Columbia
and
Jean Carruthers, FRC(S)C
Clinical Professor of Ophthalmology
University of British Columbia

2. What are the signs of West Nile Virus (WNV) that can indicate or predict severity or morbidity?

Question submitted by
Dr. Steve Coyle
Family Physician
Winnipeg, Manitoba

Individuals who are at greatest risk of developing serious manifestations of WNV infection are the elderly, the immunosuppressed and pregnant women and their infants. These groups should, therefore, take specific precautions to avoid contact with mosquitoes. In Canada, however, this may be easier said than done!

The most frequently recognized neurologic manifestations reported were decreased level of consciousness, neuromuscular weakness, dysphagia, ataxia, dysarthria, and vertigo. Other less common manifestations included intention tremor, diplopia or ophthalmoplegia, facial weakness, blurred vision, dysdiadokinesis, meningitis, seizure, incontinence, tongue weakness, myelopathy, nystagmus, and parkinsonism. The neurologic manifestations of WNV often occur in combination, and a decreased level of consciousness occurs frequently, which makes the evaluation for other neurologic manifestations difficult.

The most important risk factor for neurologic disease has been

suggested to be advanced age.

Persons who have developed acute flaccid paralysis have been younger than those with severe central nervous system (CNS) disease. These patients seem to have little improvement on short-term followup.

Patients without neurologic involvement generally have uneventful recovery. CNS involvement was associated with a mortality rate of up to 10%, and with long-term morbidity.

The most dramatic reports of WNV involve a previously healthy female with symptoms compatible with WNV meningoencephalitis. Her infant had serologic evidence of WNV infection associated with bilateral chorioretinitis, and magnetic resonance imaging evidence of severe brain disease manifesting with bilateral white matter loss in the temporal and occipital lobes.

Answered by
John Embil, MD, FRCPC
Infectious Diseases Specialist
University of Manitoba

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3. What are the possible causes of night sweats in males over 50? I have seen a few male patients recently who have complained of excessive diaphoresis at night, with no evidence of androgen deficiency.

Question submitted by
Dr. Don Westby
General Practitioner
Weymouth, Nova Scotia

There are two major classifications of hyperhidrosis (HH)—see box.

Primary focal HH is also known as essential HH, idiopathic HH, or emotional HH because it is often triggered by fear or anxiety, or the ingestion of such substances as caffeine, tea, cola drinks, or chocolate.

Generalized HH is triggered by:

- An elevation of the surrounding temperature
- High fever
- Strenuous physical effort

Focal secondary HH is associated with:

- Blue rubber-bleb nevus syndrome
- Glomus tumour
- Polyneuropathy, organomegaly endocrinopathy
- Gopalan's syndrome
- Causalgia
- Pachydermoperiostosis
- Pretibial myxedema

Gustatory sweating is associated with:

- Encephalitis
- Syringomyelia
- Diabetic neuropathies
- Herpes zoster
- Parotitis
- Parotid abscesses
- Thoracic sympathectomy
- Auriculotemporal or Frey's syndrome

Classification of hyperhidrosis

Primary

Generalized (> 100 cm²)
Focal (< 100 cm²)

Secondary

Generalized (> 100 cm²)
Focal (< 100 cm²)

Generalized secondary HH is associated with:

- A past history of spinal cord injuries
- Peripheral neuropathies
- Probable brain lesions
- Intrathoracic neoplasms
- Systemic illnesses
- Lymphoma (Hodgkin's disease)
- Other illnesses (tuberculosis, endocarditis, hyperthyroiditis, diabetes mellitus, insulinoma, vasculitis, pheochromocytoma, carcinoid syndrome, drug withdrawal, dysautonomic states, and acromegaly) [CME](#)

Answered by

Antranik Benohanian, MD, FRCPC
Clinical Professor of Dermatology
Université de Montréal