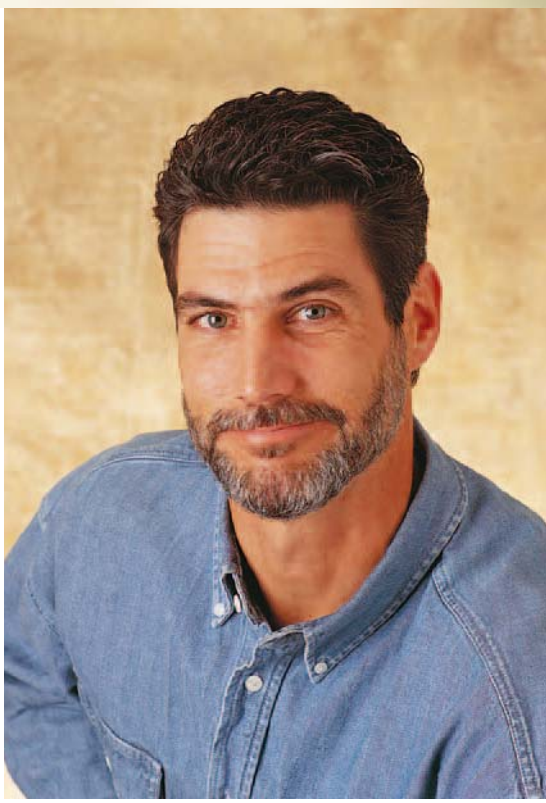
"What is this Numbing Sensation?"

By David Yue, MD



Tim is a 28-year-old right-hand labourer who presented to the clinic with a history of being poked in the left eye by his daughter the day before. He was diagnosed by another physician as having corneal abrasion and returned for a followup. He complained of a burning sensation in his left eye since then, and was noted to have a "pins and needles" sensation on the right side of his body. He also complained of a sore throat, fever, and myalgia for the last 24 hours. He denied any headaches, nausea, or vomiting. He is a smoker, but otherwise healthy. There was no history of hypertension, migraines, or transient ischemic attack.

Table 1
Patient's vital signs

- Blood pressure: 142/86 mmHG
- Heart rate: 88 beats per minute
- Respiratory rate: 18 per minute
- Temperature: 36.6C
- Visual acuity: Left—20/30; Right—20/20

Table 2
Examinations performed

- PERLA (pupils equal, react to light, and accomodation): Normal
- Funduscopic exam: Normal
- Cranial nerve exam: Normal except patient unable to abduct left eye
- Strength: 5/5 bilaterally symmetrical
- Thoracic ascultation: Normal breath and heart sounds

Tim's vital signs and the examinations performed are noted in Tables 1 and 2.

The patient was also observed to have a half-centimetre laceration on the left lower lid mucosa. No corneal abrasion was noted. His speech was clear and there was slight decrease in pinprick sensations in his right leg only. An upgoing plantar response was also noted on the right side.

He was immediately sent to the emergency department for assessment. A computed tomography scan of his head did not reveal any intracranial bleeding or pathology.

What happened to the patient?

Cont'd on page 18.

Table 3
Second round of examinations

• MRI: No demyelinating disease
• Lumbar puncture: Negative
• Sequential multiple analysis-12: Normal
• Thyroid stimulating hormone: Normal
• Rheumatoid factor: Normal
• Electrolytes: Normal
• Cardiolipin: Negative
• Anti-nuclear antibodies: Negative

MRI: Magenetic resonance imaging

Dr. Yue is a general practitioner in Edmonton, Alberta.

Tim was examined by an ophthalmologist and was confirmed to have left sixth nerve palsy. He was discharged and set to be followed up by another ophthalmologist and a neurologist. However, he returned to the clinic after 48 hours complaining of increasing numbness on the right side of his face, as well as on his right arm and leg. He was also noted to have a slight limp on the right side.

What should be done now?

He was referred back to the hospital and was admitted. He underwent a magnetic resonance imaging scan of the head and a lumber puncture, along with a few other examinations (Table 3).

He was diagnosed as having brainstem encephalitis. He didn't respond to oral steroids and was later switched to methotrexate with improvements. He was followed up closely by a neurologist. Dx

Case in Point is a series of interesting cases and diagnoses to sharpen your skills. Submissions and feedback can be sent to ***diagnosis@sta.ca****.*