

## Accepted Manuscript

Self-diagnosis of a Triple Trouble

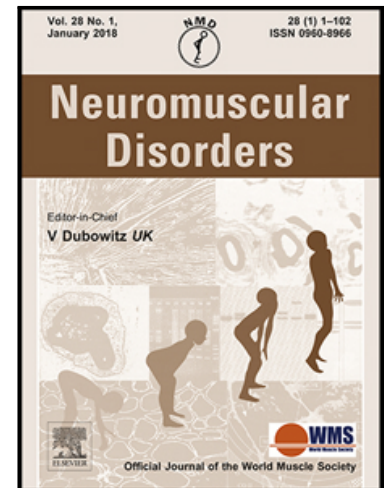
B. Schoser

PII: S0960-8966(18)31062-9  
DOI: <https://doi.org/10.1016/j.nmd.2018.07.014>  
Reference: NMD 3593

To appear in: *Neuromuscular Disorders*

Received date: 27 July 2018  
Accepted date: 30 July 2018

Please cite this article as: B. Schoser , Self-diagnosis of a Triple Trouble , *Neuromuscular Disorders* (2018), doi: <https://doi.org/10.1016/j.nmd.2018.07.014>



This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

## Clinical casebook

### Self-diagnosis of a Triple Trouble

B. Schoser

Friedrich-Baur-Institute, Department of Neurology, Ludwig-Maximilians-University Munich

Munich, Germany

E-mail address: benedikt.schoser@med.uni-muenchen.de

A seventy-four-year-old medical colleague recently referred himself to me for urgent consultation, as he was extremely distressed after skiing in the Alps.

At our first telephone contact he told me, "I have at least two diseases you are very much interested in, so please have a look at my muscles as they are waving!" Furthermore, he complained about increasing exercise-related cramps, generalized myalgia and muscle locking. Nevertheless, the most annoying issue for him were the recently developed fatigue while skiing and particularly in the evening. He then told me that he was hardly able to climb a staircase. So we made a personal appointment.

Indeed at his first visit he shared classical stretch- and pressure- induced muscle rippling of the vastus lateralis and the pectoralis muscles (Fig. 1). Re-discussing his medical history, he told me of having a mild generalized weakness without ptosis or swallowing difficulties in the evening for the past ten weeks. Lately, he reported "this strange painful waving of my muscles after stretching had occurred".

In clinical examination there was a head flexor weakness MRC grade 4, bilateral iliopsoas muscle weakness MRC 4, and bilateral thumb extensor weakness MRC 3 and a mild proximal muscle atrophy of both vastus lateralis muscles. There was no grip or percussion myotonia. He had striking generalized proximal pressure- and percussion-induced rippling muscles, and muscle mounding at pectoralis, biceps brachii and vastus lateralis muscles. On getting up from the floor or getting up from a chair he showed a consistent sign of putting a hand on his knees or arm rests. He had prominent calves. After constant and repetitive head flexor bending and repetitive squatting myasthenic muscle weakness was present. The EMG showed a mixed pattern of some minor myotonic runs in proximal muscles and mostly normal to mild myopathic muscle action potentials without additional spontaneous activity.

Download English Version:

<https://daneshyari.com/en/article/11014757>

Download Persian Version:

<https://daneshyari.com/article/11014757>

[Daneshyari.com](https://daneshyari.com)