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Virology Question and Answer Scheme (VIROQAS)

## Dysphagia and right leg weakness in a renal transplant patient

Melinda L. Munang<sup>a,\*</sup>, Anupama Mutagi<sup>b</sup>, Mark S. Bailey<sup>a</sup>, Husam Osman<sup>b</sup><sup>a</sup> Department of Infection and Tropical Medicine, Birmingham Heartlands Hospital, Bordesley Green East, Birmingham B9 5SS, United Kingdom<sup>b</sup> Virology, Health Protection Agency, Microbiological Services, Birmingham Heartlands Hospital, Bordesley Green East, Birmingham B9 5SS, United Kingdom

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## Case presentation

A 54-year-old man presented with a one-week history of right leg weakness, headaches and blurring of vision. Three months earlier he had experienced isolated dysphagia developing over four weeks. Magnetic resonance imaging (MRI) of the brain at the time showed restricted diffusion in the left medulla and left occipital lobe (Fig. 1a). A diagnosis of ischaemic lateral medullary syndrome was made and he was discharged with a nasogastric feeding tube in situ. Past medical history included renal transplantation 13 years earlier for IgA nephropathy, hypertension and atrial fibrillation. The patient was on mycophenolate mofetil 500 mg twice daily and prednisolone 5 mg once daily. His renal function was poor but stable with an estimated glomerular filtration rate of 16 mL/min/1.73 m<sup>2</sup>.

On admission he had reduced tone and power and brisk reflexes in the right lower limb. There was no cranial nerve deficit. Computed tomography imaging of the brain did not show any changes

from previous imaging three months earlier. He was initially managed as a suspected case of acute ischaemic stroke.

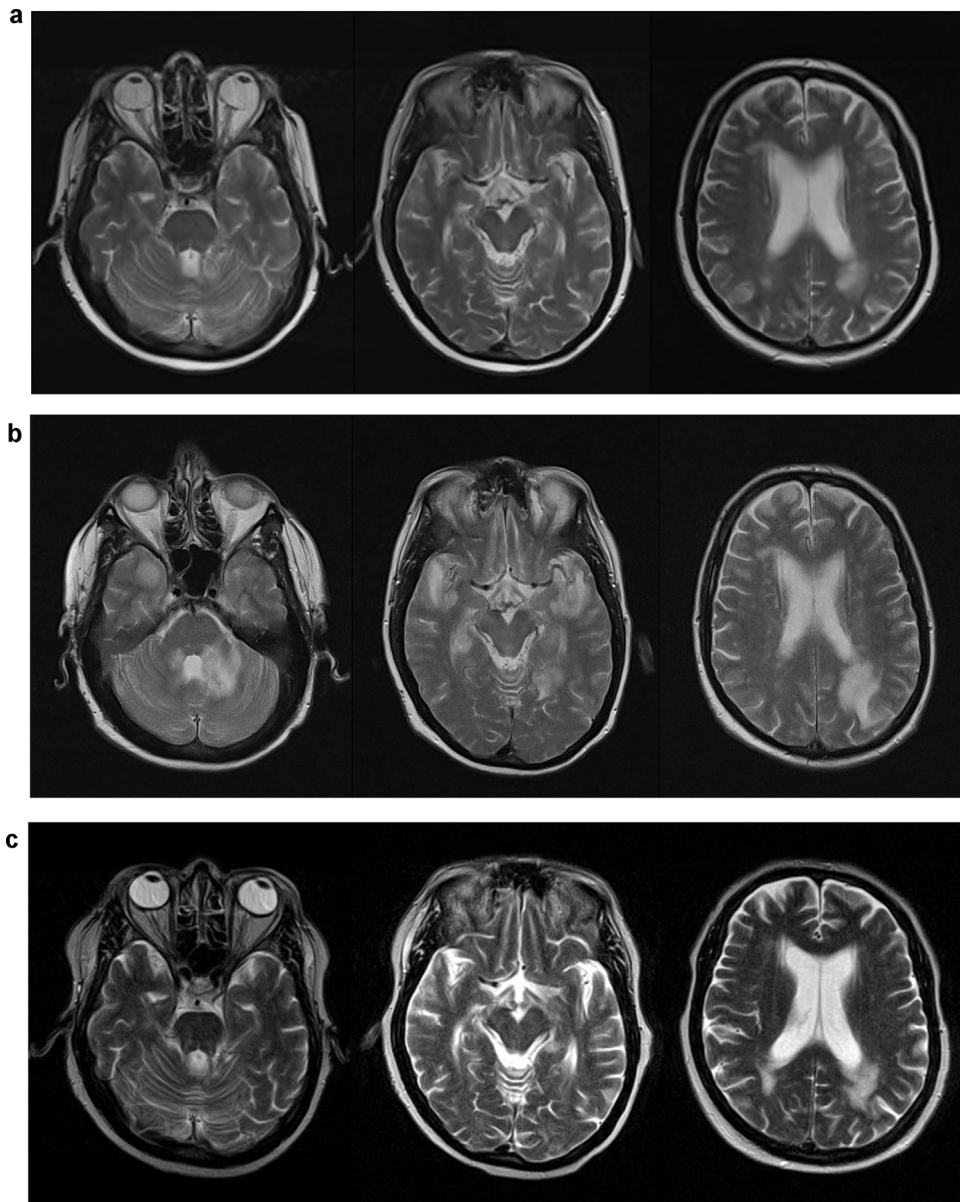
Over the next few days he became increasingly confused and complained of visual and auditory hallucinations. MRI brain showed an increased area of white matter change around the left occipital horn, cerebellum and posterior fossa. There was also new high signal change in the subcortical white matter within both temporal lobes, left subinsular cortex and right frontal lobe (Fig. 1b). Cerebrospinal fluid (CSF) opening pressure was 18.5 cm H<sub>2</sub>O and CSF analysis showed 139 white blood cells/mm<sup>3</sup> with lymphocyte predominance (138 cells/mm<sup>3</sup>), glucose 2.3 mmol/L (serum glucose 5.7 mmol/L) and protein 1.16 g/L.

**What is the differential diagnosis?****How will you investigate such a case?****What management will you recommend and for how long?****What is his prognosis?**

*Abbreviations:* MRI, magnetic resonance imaging; CSF, cerebrospinal fluid; HTLV-1, human T-lymphotropic virus-1; HIV, human immunodeficiency virus; AIDS, acquired immune deficiency syndrome; EBV, Epstein-Barr virus; PTLN, post-transplant lymphoproliferative disorder; HSV, herpes simplex virus; PCR, polymerase chain reaction; DNA, deoxyribonucleic acid; CNS, central nervous system.

\* Corresponding author. Tel.: +44 1214242358; fax: +44 1214241309.

E-mail address: [melindamunang@nhs.net](mailto:melindamunang@nhs.net) (M.L. Munang).



**Fig. 1.** MR images of the brain during course of illness. (a) Initial presentation with dysphagia in April 2010 (T2-weighted). (b) Admission with right leg weakness in July 2010 (T2-weighted). (c) After six months of treatment with ganciclovir, January 2011 (T2-weighted turbo spin-echo). There was extension of high signal intensity in the left medulla and left occipital lobe in July 2010 with new changes in both temporal lobes, left subinsular cortex and right frontal lobe. These changes resolved with clinical recovery.

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