DATED : 16TH MAY , 2025

CLINICO PATHOLOGICAL CONFERENCE (CPC)

- *BATCH A-II*
- *MEDICINE UNIT-I*

Presented by:

Ushna Riaz 585

Uzma Asghar 567

Asad Iqbal 547

HISTORY OF THE PATIENT

BY USHNA RIAZ

BIODATA

- NAME :Sumaira
- DAUGHTER OF:Haji Rasool Baksh
- AGE: 35 yrs old
- MARITAL STATUS: married
- RESIDENCY: Khanpur
- DOA: 10th may , 2025
- MOA: emergency

MY 35 yr old Patient , Sumaira Baksh , D/O Haji Rasool Baksh , married and a housewife , resident of Khanpur , presented to medical unit 1 via emergency on 10th of may ,2025 with the presenting complain of :

PRESENTING COMPLAIN:

- **BILATERAL LOWER LIMB WEAKNESS FOR 5 HRS**

HISTORY OF PRESENTING ILLNESS

My patient was in usual state of health until the afternoon of 10th may , 2025 when she developed:

- bilateral lower limb weakness, which was sudden in onset , progressive in nature , making it difficult for her to stand or walk , with no aggravating or relieving factors.
- The weakness is associated with numbness ,tingling and burning sensation in both feet , which rapidly ascended to involve her thighs and

and upto the level of xiphisternum

- she has also developed urinary incontinence , which was not present previously. There is no associated pain or burning.
- there is no history of upper limb involvement , altered conciousness , seizures , vision problems, hearing disability facial weakness, dysphagia , trauma or any recent vaccination.
- Also, she gives history of a self limiting febrile illness with flu like symptoms approximately 5 days prior to the onset of neurological symptoms.

SYSTEMIC INQUIRY

1.CENTRAL NERVOUS SYSTEM:

- There is history of lowerlimb weakness , tingling and burning sensations.
- No headaches, dizziness, or visual disturbances
- No seizures , rigidity , tremors or loss of consciousness.
- No memory loss or changes in mood or behavior

GASTROINTESTINAL SYSTEM

- There is a history of constipation (for 5 days)
- No nausea, vomiting.
- No dysphagia (difficulty swallowing)
- No abdominal pain, bloating, or discomfort
- No diarrhea
- No hematemesis (vomiting blood) or melena (black stools)
- No jaundice

CARDIOVASCULAR SYSTEM

- There is history of palpitations
- No chest pain or discomfort
- No orthopnea or paroxysmal nocturnal dyspnea (PND)
- No syncope or dizziness
- No swelling in the legs or ankles (peripheral edema)

RESPIRATORY SYSTEM

- No cough or sputum production
- No dyspnea (shortness of breath) at rest or with exertion
- No wheezing or stridor
- No hemoptysis (coughing up blood)
- No chest tightness

ENDOCRINE SYSTEM

- Endocrine System
- No unexplained weight gain or loss
- No heat or cold intolerance
- No excessive thirst (polydipsia) or urination (polyuria)
- No changes in skin, hair, or menstrual cycle
- No tremors or changes in energy levels

UROGENITAL SYSTEM

- There is a history of urinary incontinence
- No dysuria (painful urination) , pyuria or burning micturation.
- No hematuria (blood in urine)
- No flank pain

MUSCULOSKELETAL SYSTEM

- There is history of mild generalized joint pains without swelling or redness.
- No history of muscle pain , deformities or bone pain.

PAST MEDICAL HISTORY

- There is a history of febrile illness , with flu like symptoms 5 days ago for which she took OTC medications including Brufen from a private clinic and her symptoms improved within 2-3 days.
- There is no other comorbidities like hypertension , ishemic heart diesease , diabetes , TB , asthma etc

PAST SURGICAL HISTORY

There is no significant past surgical history

FAMILY HISTORY

- There is a history of hypertension and ischemic heart diesease in the family
- there is no history of hereditary or degenerative neurological disorders.
- also , no diabetes , TB , asthma in the family.

PERSONAL HISTORY

- patient is a non smoker
- She has regular sleep cycle , decreased appetite and altered bowel habits
- there is no significant weight loss.

GYNECOLOGICAL HISTORY

- **MENARCHE : at age 13 yrs**
- **MENSTRUAL CYCLE: regular , 28-30 days cycle , 4-5 days flow , no dysmenorrhea**
- **LMP: 18th april , 2025**
- **No known gynecological illnesses**

DRUG HISTORY

- No known drug allergies.
- no history of substance abuse.

SOCIOECONOMIC HISTORY

- Lives in a cemented house with 3 rooms
- 7 family members
- uses tap water
- family income is around 50 ,000/ month

EXAMINATION

BY: UZMA ASGHAR

GENERAL PHYSICAL EXAMINATION

- I have examined a young female lying comfortably on bed with IV cannula attached on left hand.
- Patient is alert, oriented to time, place, and person
- No pallor, jaundice, cyanosis, clubbing, kilonychia, lymphadenopathy, or edema.
- Vital signs:
  - Pulse – 76 bpm, regular;
  - BP – 120/80 mmHg;
  - Respiratory Rate – 16/min;
  - Temperature – Afebrile;
  - SpO_2 – 98% on room air.

CENTRAL NERVOUS SYSTEM

- **Higher functions: Normal orientation, memory, speech, and cognition.**
- **Cranial nerves: All 12 cranial nerves intact.**
- **Motor system: Normal bulk, tone is increased in both lower limbs, power is 3/5 in both lower limbs**

Normal bulk, tone and power is 5/5 in both upper limbs

- **Reflexes: Ankle Reflex: Brisk/ exaggerated**

  Knee Reflex: Exaggerated

  Plantar reflex: going upwards and exaggerated

- **Sensory system: Loss of pain, temperature, touch, vibration, and proprioception in both lower limbs upto level of xiphisternum**

All sensations are intact in upper limb.

- **There is urinary and fecal retention.**

CARDIOVASCULAR SYSTEM

- **Inspection: No precordial bulge, no scar or visible pulsations over the precordium.**
- **Palpation: Apex beat localized in the 5th intercostal space medial to midclavicular line, of normal character.**
  No other palpable sound. No thrills. Left parasternal heave not palpable.
- **Auscultation: S1 and S2 heard normally. No added sounds. No murmurs, or any gallops.**

RESPIRATORY SYSTEM

- **Inspection: Respiration is thoraco-abdominal. Shape of chest is normal. No deformity, Scar, prominent veins or pulsations visible.**
  Chest is moving equally on both sides.
- **Palpation: Trachea is central. No tenderness or crepitus. Expansion of chest is 5cm. Vocal fremitus is equal on both sides**
- **Percussion: Resonant note throughout and equal on both sides.**
- **Auscultation: Vesicular breath sounds heard bilaterally. No added sounds (wheezes, crackles, or rhonchi). Vocal resonance is equal on both sides.**

GASTROINTESTINAL SYSTEM

- **Inspection: Shape of abdomen is normal. Peristalsis are not visible. Umbilicus is central and of normal shape. No visible pulsations , scars or prominent veins.**
- **Palpation: There is no rigidity or tenderness. No viscera or**
- **mass palpable.**
- **Percussion: Tympanic throughout, no shifting dullness or fluid thrill.**
- **Auscultation: bowel sounds are 3-5 per minute.**

DIFFERNTIAL DIAGNOSIS

- Extrinsic spinal cord compression
- neoplastic diesease
- multiple sclerosis
- subacute combined degeneration of spinal cord
- trauma
- post vaccination myelitis

INVESTIGATIONS

By: ASAD IQBAL

REQUIRED INVESTIGATION

1.Magnetic Resonance Imaging (MRI):

- MRI of the spine (especially cervical and thoracic) with and without contrast
- To identify spinal cord lesions, swelling, and exclude compressive causes.

MRI of the brain

- To evaluate for multiple sclerosis (MS), neuromyelitis optica spectrum disorder (NMOSD), or other demyelinating diseases

2.Lumbar Puncture (CSF Analysis)

- To assess for:
- White blood cell count and differential
- Protein and glucose
- Oligoclonal bands (OCBs)
- IgG index
- PCR for viruses :May suggest MS, infections,
- or inflammatory etiologies

3.Blood Tests

- Autoimmune and Inflammatory MarkersANA, dsDNA,
- ESR, SSA/SSB for systemic lupus erythematosus , sjogrens syndrome , vasculitis.

4. Infectious serologies

HIV, Syphilis (VDRL/TPHA), HTLV-1/2

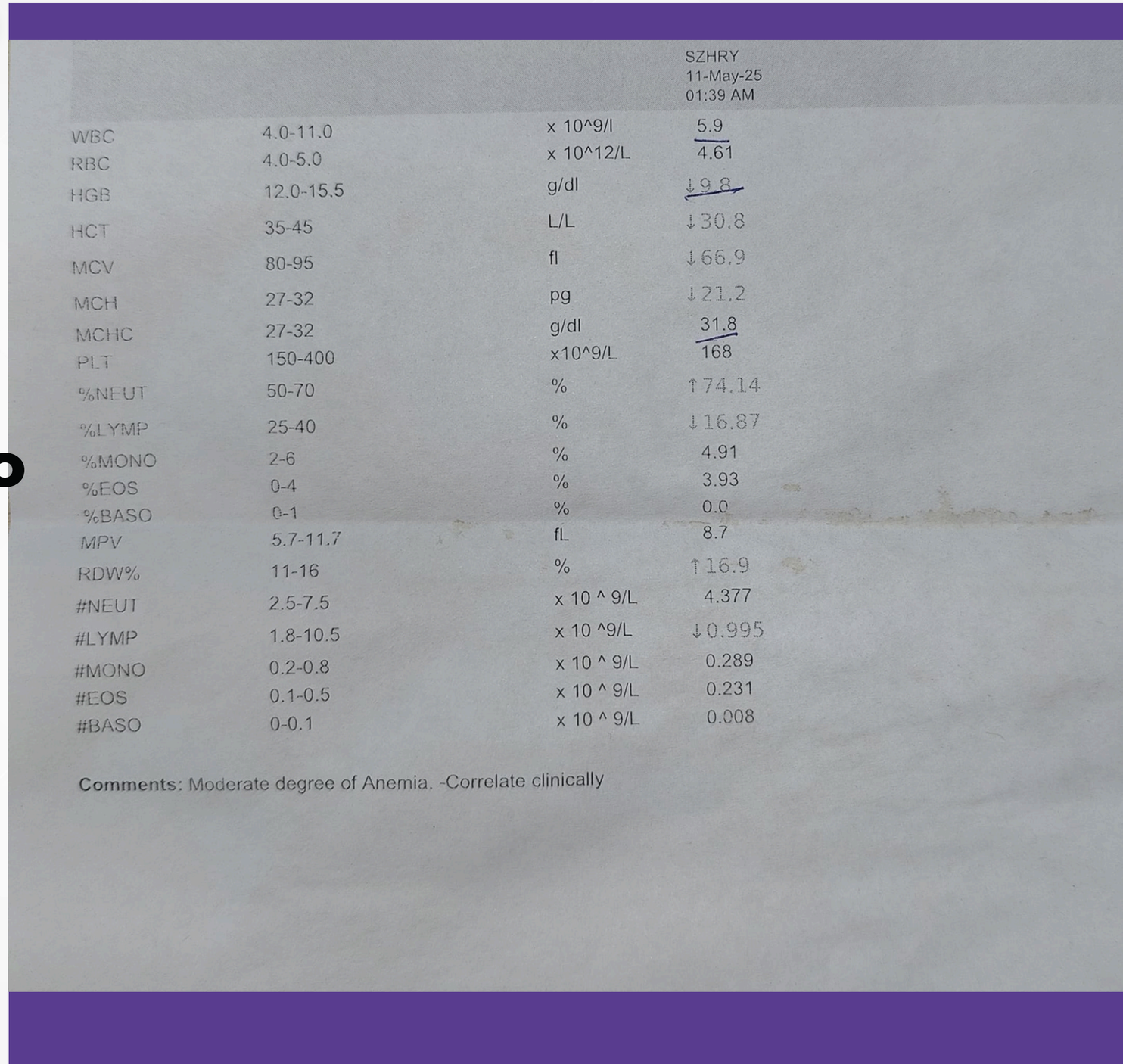
- Mycoplasma, EBV, CMV, Lyme disease (if geographically relevant)
- Vitamin B12, Folate, and Copper levels (nutritional myelopathies)
- Aquaporin-4 antibody (AQP4-IgG) – for Neruromyelitis optica
- MOG antibody (Myelin oligodendrocyte glycoprotein IgG) – for MOG-associated disease

5. Other Tests Based on clinical suspicion:

- **Chest X-ray / CT Chest: To assess for sarcoidosis or neoplasm (paraneoplastic cause)**
- **Urinalysis / Blood cultures / Serologic tests: if infectious cause is suspected.**

CBC REPORT

- Hb is lower than normal range.
- HCT, MCH, MCV are also less than normal.

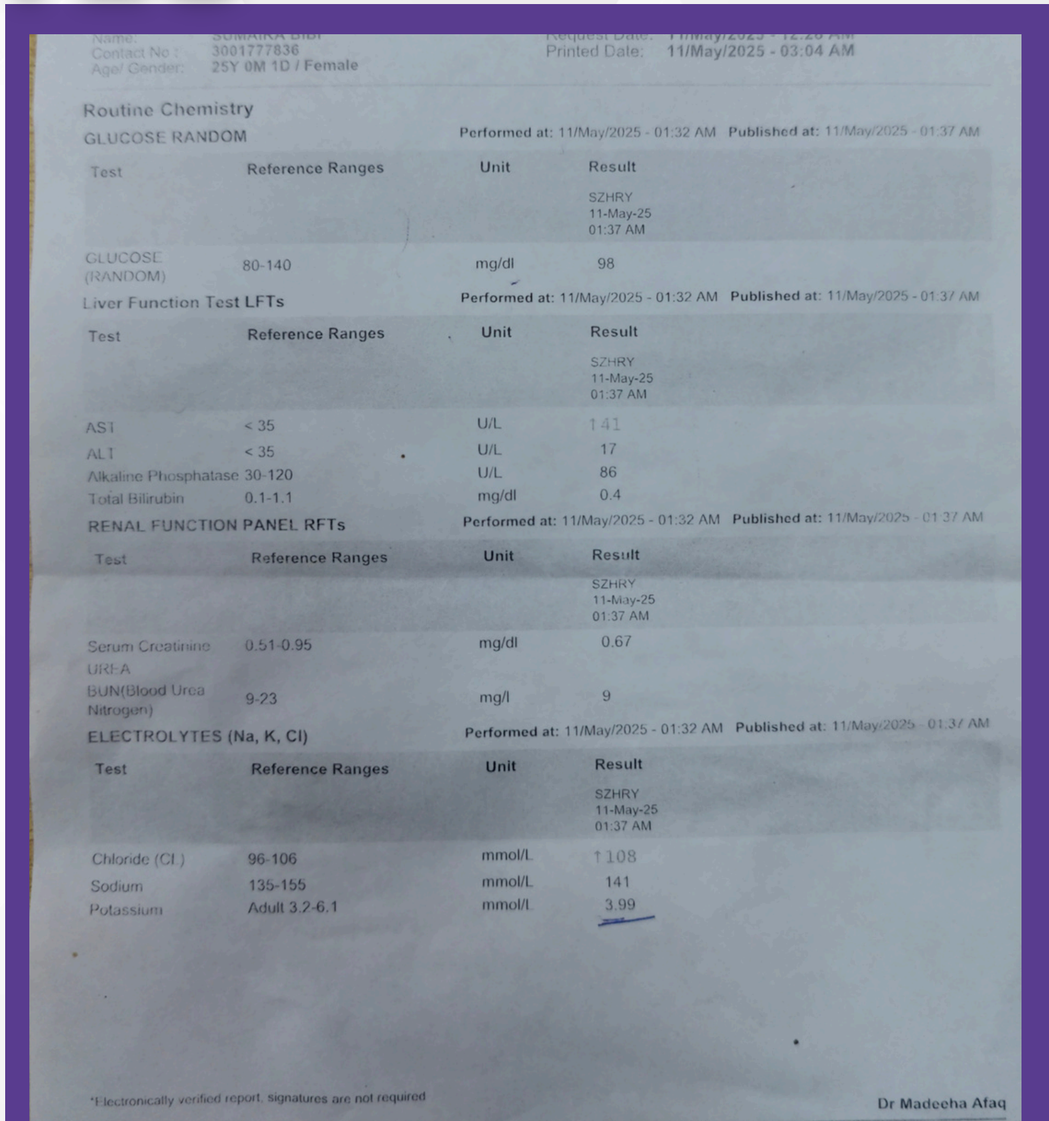


			SZHRY 11-May-25 01:39 AM
WBC	4.0-11.0	x 10^9/l	5.9
RBC	4.0-5.0	x 10^12/L	4.61
HGB	12.0-15.5	g/dl	↓9.8
HCT	35-45	L/L	↓30.8
MCV	80-95	fl	↓66.9
MCH	27-32	pg	↓21.2
MCHC	27-32	g/dl	31.8
PLT	150-400	x10^9/L	168
%NEUT	50-70	%	↑74.14
%LYMP	25-40	%	↓16.87
%MONO	2-6	%	4.91
%EOS	0-4	%	3.93
%BASO	0-1	%	0.0
MPV	5.7-11.7	fL	8.7
RDW%	11-16	%	↑16.9
#NEUT	2.5-7.5	x 10 ^ 9/L	4.377
#LYMP	1.8-10.5	x 10 ^9/L	↓0.995
#MONO	0.2-0.8	x 10 ^ 9/L	0.289
#EOS	0.1-0.5	x 10 ^ 9/L	0.231
#BASO	0-0.1	x 10 ^ 9/L	0.008

Comments: Moderate degree of Anemia. -Correlate clinically

ROUTINE CHEMISTRY, LFTs, RFTs, ELECTROLYTES

- Glucose(Random): Normal
- AST, ALT, Alkaline Phosphatase, Total Bilirubin : All within normal range
- Serum Creatinine, BUN : within normal range
- Chloride: slightly raised
- Sodium, Potassium: Normal



Contact No : 3001777836
Age/ Gender: 25Y 0M 1D / Female
Printed Date: 11/May/2025 - 03:04 AM

Routine Chemistry

GLUCOSE RANDOM — Performed at: 11/May/2025 - 01:32 AM Published at: 11/May/2025 - 01:37 AM

Test	Reference Ranges	Unit	Result SZHRY 11-May-25 01:37 AM
GLUCOSE (RANDOM)	80-140	mg/dl	98

Liver Function Test LFTs — Performed at: 11/May/2025 - 01:32 AM Published at: 11/May/2025 - 01:37 AM

Test	Reference Ranges	Unit	Result SZHRY 11-May-25 01:37 AM
AST	< 35	U/L	↑ 41
ALT	< 35	U/L	17
Alkaline Phosphatase	30-120	U/L	86
Total Bilirubin	0.1-1.1	mg/dl	0.4

RENAL FUNCTION PANEL RFTs — Performed at: 11/May/2025 - 01:32 AM Published at: 11/May/2025 - 01:37 AM

Test	Reference Ranges	Unit	Result SZHRY 11-May-25 01:37 AM
Serum Creatinine	0.51-0.95	mg/dl	0.67
UREA			
BUN(Blood Urea Nitrogen)	9-23	mg/l	9

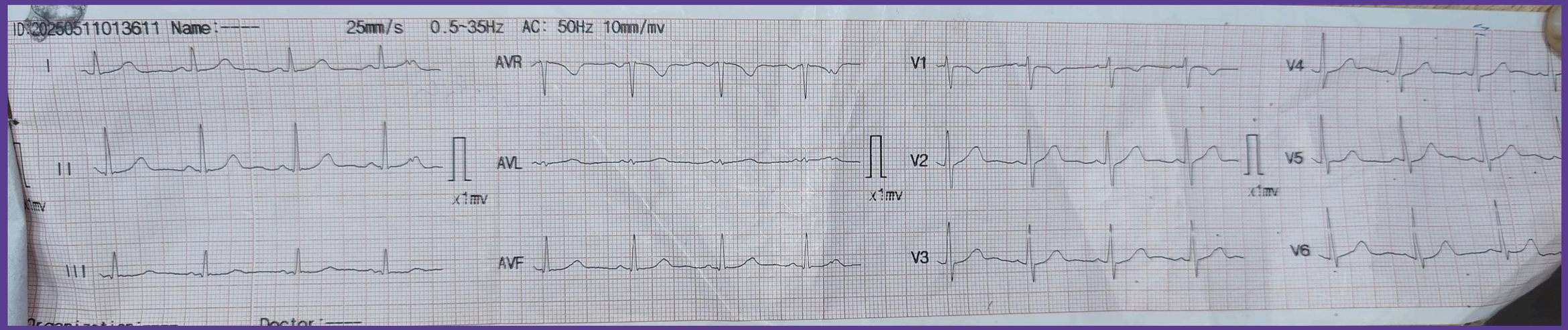
ELECTROLYTES (Na, K, Cl) — Performed at: 11/May/2025 - 01:32 AM Published at: 11/May/2025 - 01:37 AM

Test	Reference Ranges	Unit	Result SZHRY 11-May-25 01:37 AM
Chloride (Cl.)	96-106	mmol/L	↑ 108
Sodium	135-155	mmol/L	141
Potassium	Adult 3.2-6.1	mmol/L	3.99

*Electronically verified report, signatures are not required

Dr Madeeha Afaq

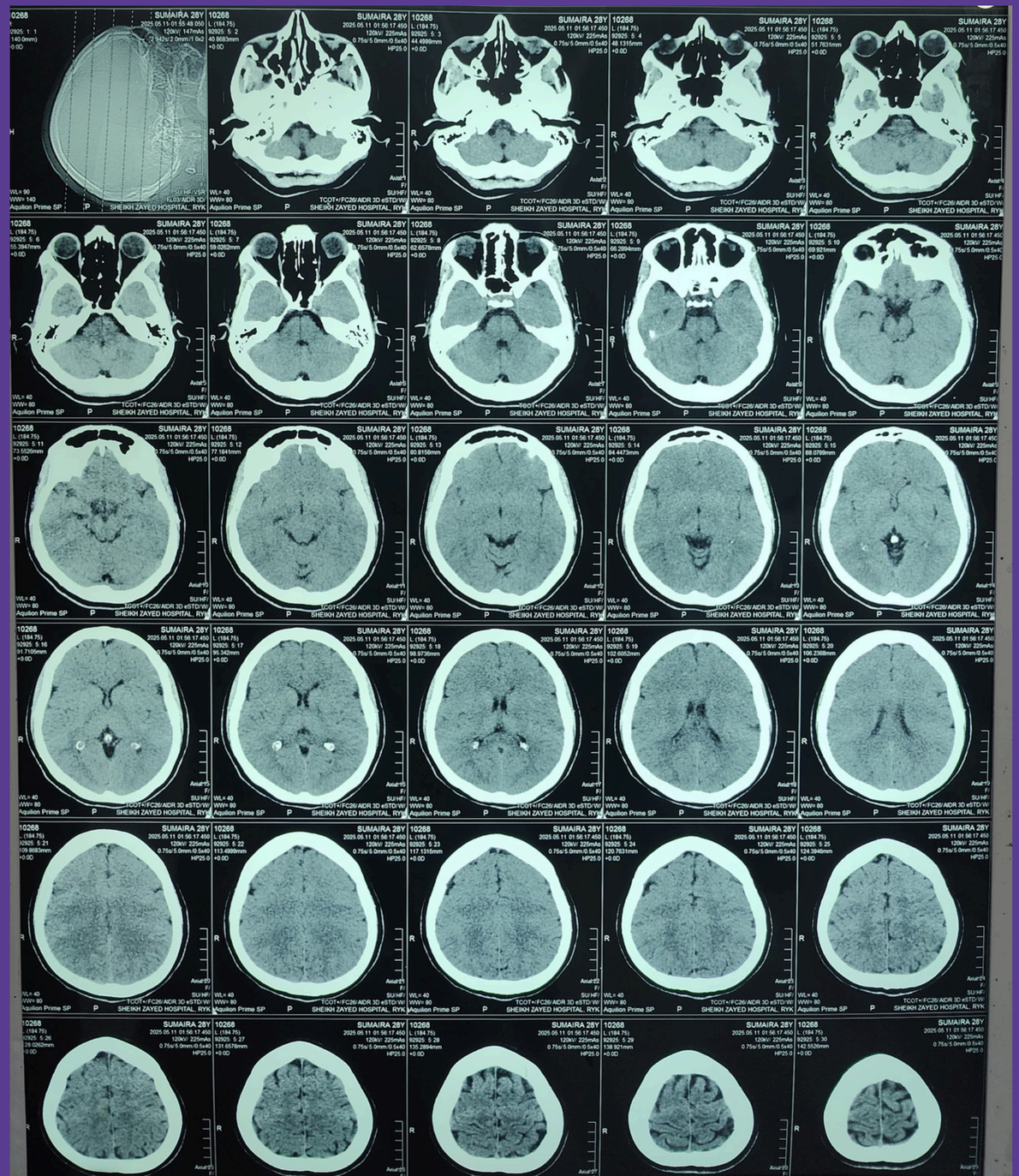
ECG



- **ECG Findings are Normal**

MRI BRAIN

- **No Significant Finding on MRI of brain**



MRI SPINAL CORD

- **Scheduled on May, 19 2025**

THANK YOU