

43 year old right handed female – Marketing director

PC

- Off-legs

HPC

- Flu-like illness 2 weeks ago,
- Followed by back pain for 2 days and bilateral paraesthesia in the feet.
- Slow progressive weakness over the last 7 weeks
- Initially weakness involved the lower limbs but recently also involving the upper limbs.
- Presented to A+E as she started to struggle to stand up out of the chair

PMHx

- Nil

PSHx

- Cholecystectomy

DHx

- Sertraline 100mg OD

SHx

- Non-smoker, occasional alcohol
- Lives at home with her partner
- Travels often for work

Stop and think

- **Are there any further aspects of the history that might help you differentiate between a central or peripheral cause for weakness in all four limbs?**
- **What questions would you ask to pre-empt deterioration?**
- **What aspects of the neurological examination can help you distinguish between a central versus peripheral cause for this presentation?**

Examination

Alert, orientated, sat up in bed

BP 120/88

HR 90

I+II+O



Sats 98%

RR 16



Cranial Nerves

	R	L
I	N	N
II	N	N
III, IV, VI	N	N
V	N	N
VII	N	N
VIII	N	N
IX, X, XI	N	N
XII	N	N
	R	L
Cerebellar	N	N
Pin Prick	N	N
JPS	N	N
Vib	N	N

Upper Limb

	R	L
Tone	N	N
Sh Ab	5	5
EF	5	5
EE	5	5
WE	4	4
FE	4-	4-
FDI	3	3
APB	3	3
Biceps	Absent	Absent
Triceps	Absent	Absent
Supinator	Absent	Absent

Lower Limb

	R	L
Tone	N	N
HF	3	3
HE	3	3
KF	3	3
KE	3	3
APF	2	2
ADF	2	2
AI	2	2
Knee	Absent	Absent
Ankle	Absent	Absent
Plantar	Mute	Mute



Stop and think

- **This patient is clearly weak – does the examination suggest a UMN or LMN lesion?**
- **What conditions affect the motor system but leave the sensory system relatively preserved?**
- **What investigations can help add clarity to the diagnosis and when would you perform them?**
- **What are the key considerations when instating a management plan?**