

43 year old right handed female – Marketing director

РС

- Off-legs

НРС

- 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

РМНх		PSHx					
-	Nil	-	Cholecystectomy				
DHx		SHx					
-	Sertraline 100mg 0D	-	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+0







Cranial Nerves			U	Upper Limb			Lower Limb		
	R	L		R	L		R	L	
1	Ν	N	Tone	N	N	Tone	N	N	
11	Ν	N	Sh Ab	5	5	HF	3	3	
III, IV, VI	Ν	N	EF	5	5	HE	3	3	
V	Ν	N	EE	5	5	KF	3	3	
VII	Ν	N	WE	4	4	KE	3	3	
VIII	Ν	N	FE	4-	4-	APF	2	2	
IX,X,XI	Ν	N	FDI	3	3	ADF	2	2	
XII	Ν	N	APB	3	3	AI	2	2	
	R	L							
Cerebellar	Ν	N	Biceps	Absent	Absent	Knee	Absent	Absent	
Pin Prick	Ν	N	Triceps	Absent	Absent	Ankle	Absent	Absent	
JPS	N	N	Supinator	Absent	Absent	Plantar	Mute	Mute	
Vib	Ν	N							

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## 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?

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