

عنوان مقاله:

Paroxysmal Symptoms in Multiple Sclerosis- Interesting of Case Series

محل انتشار:

شانزدهمین کنگره بین المللی ام اس (سال: 1398)

تعداد صفحات اصل مقاله: 2

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خلاصه مقاله:

Introduction: Paroxysmal symptoms are demyelinating events produced sudden onset, transient, recurrent symptoms that mistook them with several neurologic disorder like transient ischemic attacks, epilepsy and etc. Paroxysmal symptoms in multiple sclerosis (MS) can as the first clinical manifestation or occur in the course of disease and occur in 8.6% of patients with multiple sclerosis at some point of course of disease. Paroxysmal symptoms are characterized by their brevity, frequency, stereotyped fashion and respond to carbamazepine, if untreated they tend to continue in cluster for days up to a few months. Paroxysmal symptom in MS included:- Paroxysmal dystonia - Painful tonic spasm (seizure)- Paroxysmal dysarthria, ataxia, diplopia, vertigo- Hemi facial spasm - Trigeminal neuralgia - Paroxysmal itching - Paroxysmal dysesthesia or paresthesia Paroxysmal symptoms in multiple sclerosis masquerading as transient ischemic attacks (TIAs)Case I: A 45- year old man was presented with 4 weeks of episodes, transient, sudden- onset blurred vision and a heaviness in his arm. He experienced 10-20 stereotyped episodes daily, each lasting 5-10 seconds, passing spontaneously or when he made neck movements. Between attack patient was well, with careful further questioning he recalled an episode of right- leg numbness one year previously that lasted 2 weeks. He had no history of neurological symptoms and no medical history. The cardiovascular and neurological examination were normal routine blood test, a 24-h electrocardiogram and EEG were normal. T2 FLAIR brain MRI showing lesions in the corpus callosum, that consistent with demyelination, with single daily dose of 100 mg of carbamazepine, symptoms were resolve.Case II: A 32- year- old male developed episodic, transient sudden- onset dizziness, left face numbness, and right limb weakness attacks repeat 20-30 times a day with, each period lasting 10-20S. He was well between the attacks, he had no cardiovascular risk factors and no history of migraine and his neurologic exam was normal. Echo cardiography, transcranial Doppler (TCD). The serum autoantibody and connective tissue test were negative. In gadolinium MRI-FLAIR several hyper intense enhancing lesions in midbrain and periventricular region had been found, CSF exam reveals oligoclonal bands (OCBs) with IV methylprednisolone 1000 mg for 5 days and carbamazepine 200 mg daily his attacks resolved completely 3 weeks later. Paroxysmal acute tonic spasms and hemi dystonia as the first manifestation of multiple sclerosisTonic spasms: ... Dramatic spasms of a limb or entire

کلمات کلیدی:

Paroxysmal symptoms, Multiple sclerosis

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