

8

AANP Slide Session 1959 - Case 8

M. 40 Truck Driver

H.P.I.: Noted weakness of extremities, beginning in legs at age 38 - 1 1/2 years later, difficulty in walking upstairs and in gripping wheel of truck. Has noted urgency and frequency with occasional urinary incontinence. Impotent 1 year. Thinks voice is hoarse. Difficulty in swallowing solids and liquids on occasion. No numbness or tingling in extremities.

Neurological: Walks with waddling gait. Romberg positive. Base not widened. Weakness and atrophy of extremities and trunk muscles. Fasciculations noted in arms and shoulder girdle by some observers. Increased myotatic response. Mild incoordination (weakness?).

Sensory Examination: Decrease vibration and sense position. All other modalities normal.

Reflexes: Decrease to absent. No abnormal reflexes. Jaw jerk present.

Cranial Nerves: No abnormalities (includes study of larynx, palate and swallowing function). No atrophy of tongue.

Lab. Studies: Routine urinalysis, hematology and blood chemistry negative. Serology negative (Bl. & Sp. fluid). Spinal fluid - No cells, Protein 27 mg%. Pressure normal. No block. X-ray - Spine - pedicle defect C2; osteoarthritis C5- C6. Chest - old T.B.

Progressive weakness over next 8 months. No longer able to work. Progressive bowel and bladder incontinence. No objective medullary findings.

3 years after onset of neurologic signs admitted moribund. Cause of death - empyema, caseous pulmonary T.B.

Necropsy study revealed no lesion of spine. Peripheral nerves showed moderate loss of myelinated fibres with increase of interstitial elements. Muscle - focal atrophy without reaction.