CASE 8

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CLINICAL SUMMARY

This 43-year-old woman was initially admitted to the hospital because of sudden onset of abdominal pain and elevated WBC in blood. She underwent a laparotomy for a presumptive diagnosis of bowel obstruction. Attacks of arthritis and bloated abdomen ensued.

MEDICAL HISTORY: During childhood, she complained of "growing pains" in her knees from the age of 8 to 10. In her teens, she experienced fleeting skin rashes, abdominal pains, and an appectomy. Beginning at the age of 22, she started to have episodic attacks of fever, painful rashes about face and feet, and joint pain with swelling lasting 1 to 2 days. At the age of 25, she underwent a cholecystectomy and a knee arthroscopy. By the time she was 30 years of age, she had had 3 pregnancies ending in miscarriages. Between the ages of 30 to 32, she had exploratory laparotomies for bowel obstruction, a right oophorectomy, and hysterectomy. Between the ages of 37 to 43, she suffered attacks every 5 months consisting of fever, and abdominal and joint pains.

Three months later she began to receive non-steroid anti-inflammatory drugs with dramatic improvement in her symptoms and indeed, the patient said she has never felt better in her life. Because of severe side effects, she was unable to take oral medications and a Hickman line was inserted. Over the next 7 months, she experienced several severe episodes of inflammation and infection about the line which had to be treated with intravenous heparin, antibiotics and local resection of the affected area. Six months later at the patients request and because of poor control of the attacks, the intravenous anti-inflammatory medication was increased. Nine days later, she developed severe generalized muscle weakness, tingling in all limbs, bladder retention and bowel incontinence. This progressed rapidly to the point that the patient became totally paralyzed with a dense sensory loss from her toes up to her neck. The neurological consultant felt that this was a case of Guillain-Barré syndrome, however, the CPK was 1500 units. EMG examination disclosed a mixed myopathic and neuropathic picture. Her symptoms began gradually to resolve, although the patient was slow in regaining her strength and sensation. By the time the patient was discharged home six months later, her sensation had returned to the mid-portion of her right foot and to the ball of the left foot and she was able to walk with the assistance of a four poster cane. Two weeks prior to discharge, she again developed a feeling of weakness and fatigue with tenderness over the Hickman line site. At this point, muscle biopsies were performed.

Section submitted. Deltoid Muscle: H&E. EM photograph.