

AANP Slide Session 1965 – Case 5

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A 74-year-old man had not worked since age 55. He was first admitted at age 72. At age 37, he began to drag his right leg and by age 45 could not climb stairs. At age 55, he developed weakness in the right hand and slow progression of right hemiparesis; failing memory and vertigo in the erect position; at age 72, weakness of left leg and fainting. Trigeminal neuralgia began at age 44; two operations and two alcohol injections gave partial relief. His first admission was preceded by a fainting spell and a fall, with suspected minimal subarachnoid hemorrhage. This was treated conservatively and the spinal fluid cleared. He was exposed to poisonous gas in World War I and was hospitalized for "lead poisoning" at age 30.

On examination (age 73) he could not walk. There was impairment of memory and slight obtundation. The right hemiparesis was evident, with right facial weakness and right arm drift. Loss of use of the right leg was total. All deep tendon reflexes were very active with slight increase of right biceps and wrist jerk; the plantar reflexes were extensor bilaterally. Sensory findings were equivocal except for decrease of position and vibratory modalities in the right extremities.

After several months the patient regained some motor strength. He then developed weight loss, atrophy, wasting, progressive bilateral paresis and dementia. He became bedfast in about 1 year. Lower motor neuron signs gradually extinguished the earlier upper motor neuron signs. Atrophy of the interossei and distal muscles of all extremities and tongue were present and fasciculations became more evident. He became hyporeflexic with loss of Babinski signs. At age 74 he became weaker and more somnolent. In about 1 month the blood pressure fell to 76/40, he became stuporous and developed left flaccid hemiparesis and more pronounced right facial paresis. Death occurred a few days later.