

CASE 2012-2

**Submitted by:**

Juan M Bilbao, Sandra Cohen, Al-Noor Dahnani, and Beverley Young.  
Sunnybrook Hospital, University of Toronto

**Clinical History:**

This 76-year-old woman with remote history of hysterectomy and hydronephrosis secondary to ureteric stenosis was seen because of progressive weakness of 4 years duration. There was no family history of neurological or neuromuscular diseases. Patient was on no medications.

Four years previously she began to experience numbness in the sole of right foot progressing to the knee, and followed by weakness in both legs. She developed difficulties standing and climbing stairs requiring the use of a cane, and with swallowing that required treatment with bougies.

There were no complaints of bowel or bladder dysfunction.

PE: wide gait, unable to walk on her heels, slurred speech, slight facial weakness.  
She cannot puff her cheeks and cannot whistle. Weakness: diffuse in neck flexors and extremities 4+, ankle dorsiflexors 4, and toe dorsi-flexors 1.  
Normal sensation

EMG-NC: length dependent, motor>sensory axonal polyneuropathy.

CPK: 26

Clinical Dx: myopathy with distal polyneuropathy; metabolic + spinal stenosis

**Material Submitted:**

2 Virtual slides of MUSCLE BIOPSY: Paraffin embedding, "Quench" freezing, plastic resin  
Cryosections on same slide: H&E and Immunostain  
Cryosection and toluidine-blue-stained plastic section on same slide

**Points for discussion:**

Diagnosis