

SALIENT FEATURE

Miss Sharmin Azad Ove , 16 years old girl hailing from Tejgaon, Dhaka, belongs to a high socioeconomic class presented to us with sudden side to side jerky movement of both knees while she was doing some sorts of recreational household work at evening time on 2nd July 2001. It was followed by writhing movement of her hands and soon it became generalized with in one to two hours .

So she was brought to an Internist and was treated with Tab Imipramin(25 mg) 1/4th tab at bed time and diagnosed as a case of conversion disorder. These abnormal movements were also present while she was sleeping and it was continued for subsequent 3 days. On first day it was associated with severe global headache without any vomiting and blurring of vision, from the next morning her headache was subsided but she had developed discomfort with heaviness of head and became intolerant to noise.

This episode was preceded by sudden change of her home environment due to her father's transferable job pattern and which was not acceptable to her at all.

From 4th day they stopped all drugs and on the same day there was H/O sudden fall which was not associated with any convulsion, tongue bite, incontinence of urine and stool, frothy secretion from her mouth or any focal neurological deficit.

As per her statement she was conscious about her surroundings but can't open her eyes because of her tiredness due to these violent rigid movement. During these time her abnormal movement was also absent.

After 1 month, she went to a neurologist for consultation and the neurologist started Tab.

Carbamazepine and her abnormal movement gradually diminished from 2nd day and totally ceased from 4th day.

Thereafter it became occasional like proximal, flailing, wide amplitude movement of Rt. sided extremity.

Now abnormal movements of other parts of the body isn't present except that of Rt. patella which was started from 3- 4 months after her main attack. It is present at extension of knee joint but absent at flexing and it is under her voluntary control. Abnormal movement was absent while I was talking with the patient and divert her concentration.



This episode of ailment is followed by deterioration of her school performance.

There is no H/O birth trauma, she was a baby of normal vaginal delivery and was without any complication delivered at Mymensingh Medical College Hospital by oxytocin induction. Also there was no H/O other cerebral trauma.

There is no consanguinity of marriage between her parents.

She was vaccinated completely at due time.

There is H/O measles when she was 1yr.old.
Her milestones of development were normal.

There is no H/O drug ingestion prior to her ailment. No H/O Rheumatic fever.

There is also no H/O previous headache and vomiting. She has menorrhagia from her menses which was started about 5yrs. back, for which she is treated by gynaecologist.

On her clinical examination positive findings are mild anemia and jerky up and down movement of Rt. patella.

Tenderness other signs of inflammation of Rt. knee joint is absent.

There is no other local or generalized motor or sensory deficit is present.

In other systems examination – No abnormality is found.

Clinical Diagnosis

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Investigation:-

CBC :- WBC – 9.00 K/uL.

Neutrophil – 60% , Lymphocyte – 32%

Monocyte – 6% , Eosinophil – 2%

RBC – 3.95 M/uL

Hb – 11.5. gm/ dl

Platelet – 260k/ uL

ESR – 20mm in 1st Hour.

PBF :-

RBC – mild anisocytosis with anisochromia.

WBC- Mature

Platelets – Normal

Comment :- Non specific morphology.

CXR – Normal

ECG – Within normal limit.

Echocardiography – 2D, M- Mode- show normal Echocardiogram.

ASO Titre : - <200 IU/ ml.

S. bilirubin – Normal.

SGPT – 37 U/L.

Anti – Cardiolipin IgG, IgM and IgA-Negative

CT Scan of Brain – Suggestive of small cerebral

infarct in Lt. external capsule.

Single Photon Emission Computed Tomography of Brain :- There is focal increased concentration of radiotracer in the occipital region of Rt. hemisphere of Brain which could be a pathological lesion.

EEG :- is normal with photic stimulation and hyperventilation.