PRESENT SCENARIO (27th September 2016)

- Diagnosis: Transverse Myelitis followed by Sarcoidosis (December 2013)
- **Medications**
  - Wysolone – prednisolone (40 mg to 10 mg in one Month)
  - Mycept-S 360 - Mycophenolate Mofetil (1080mg to 1440 mg in one month)
- **Existing Symptoms**
  - Spasm when sole is touched
  - Constipated and Irregular Stool
  - Neurogenic Bladder– CIC twice
  - Erectile Dysfunction

• ONSET OF SYMPTOM (2013)	20-7		1-8		7-8		14-8		21-8	22-8	23	24	25	26	27	28	29	30	31-8
Backache																			
Escalating Jerks (Lumbar Origin) (Stimulus)																			
Inability to pass stool, no sensation																			
LEH TRIP ON BIKES																			
Urinary Incontinence																			
Lack of Strength in Legs																			

1. **First Examination at Kullu Medical Centre (31st August 2013)**
   - Probable diagnosis of **Transverse Myelitis or Spine Compression**. Hence, Referred to Fortis Mohali
2. **Examination & Investigation at Fortis Mohali (1st September 2013)**
   - MRI: Abnormal bright signal intensity in spinal Cord **C7-D11 level** with mild expansion of cord and patchy post contrast enhancement at **D3/D4 level** – likely to represent acute complete transverse myelitis. (1st September 2013)
   - Lymphocytes: 100 (20-40) (1st – 5th Sept 2013)
   - Proteins: 45.1 (15-45) (1st – 5th Sept 2013)
   - C-ANCA: Weak Positive (1st – 5th Sept 2013)
   - ANA: Positive (1st – 5th Sept 2013)
   - BP: 140/80
3. **Treatment at Fortis Mohali (1st September 2013 to 5th September 2013)**
   - Treatment at Fortis Mohali
     - Inj. Solumedrol
     - Inj. Neksium
     - Other Supportive treatment
   - Post Discharge (6th Sept. to 18th Sept. 2013)
     - **Pantocid** (Pantoprazole) 40 mg Tab – Once a day after BFast
     - **Medrol** (Methyl Prednisolon) Tab – Thrice a day (8 hourly) after meals for 7 Days; 12 hourly for 3 days; Once a day 3 days – Then STOP
   - Recession of symptoms (1st Sept. to 27th Sept. 13)
     - No Jerks, Better Urine & Stool, strengthening of legs with physiotherapy
4. **Reoccurrence of Symptoms (27th September 2013 Onwards)**
   - Felt major jerks, weakening of legs along with very irregular stool.
5. **Treatment & Diagnose at PGIMER, Chandigarh (16th October 2013 onwards)**
   - **NEUROLOGY**: Treatment for Transverse Myelitis & Sarcoidosis. Medicine description attached.
   - **PULMONOLOGY**: Diagnosed & Treated for Sarcoidosis
   - **UROLOGY:** Urodynamic study shows Neurogenic Bladder (Hyperactive) with Post Void Residual. Daily **CIC**.
     - Multiple instances with Urinary Tract Infection
6. **Suspected Chest Infection with 2-week High Grade Fever (13th February to 6th March 2016)**
   - Treated with Augumentin 625 for 2 weeks.
7. **Relapse of Transverse Myelitis (2nd September 2016)**
   - Fever with Headache
   - High sensitivity followed by numbness and pain on right exterior chest running from centre till back.
   - **MRI:** Well defined intramedullary nodular enhancing lesion with diffuse long segment cord edema from C6 to D6. Possibilities include:
     - Acute transverse myelitis
     - Granulomatous disease? Sarcoidosis
   - ACE – 11 (CSF)à
   - ACE – 78 (Serum)
   - Treatment
     - Inj. Solumedrol 1 gm x 5 days
     - Wysolone 50 mg – tapering dose
     - Mysept-S 360 – 360mg – increasing dose

DETAILS OF MEDICINES & TEST RESULTS

Date	Name of Medicine, Dose								
	Baclof OD	**Gabaxia SR**	**Epitril**	**Oxyspas**	**Roliten**	**Vibrania D**	**Wyslone**	**Cal4U**	**Mysept-S 360**
16/10/13	20mg x 1	75mg x 1							
17/11/13	20mg x 2	75mg x 2	.5mg x 1.5	2.5mg x 2					
26/11/13	Same		.25mg x 1	5mg x 2		1			
29/11/13	Same	Same	.5mg x 1.5	Same		Same			
06/12/13	Same	Same	Same	2.5 mg x 2		Same			
02/01/14	SOS						30 mg x 1	2	
08/02/14		75 mg x 1	.25 mg x 1	5 mg – 1.5		Same	30 mg x 1	2	
15/04/14		Same	Same	2.5 mg x 2		Same	25 mg x 1	1	
05/06/14		Same	STOP	2.5 mg x 1		Same	20 mg x 1	1	
06/07/14	STOP	Same		Same		Same	15 mg x 1	Same	
23/08/14		STOP				STOP	10 mg x 1	Same	
09/10/14				2.5 mg x 1			Same	Same	
19/01/15				STOP			Same	Same	
20/02/15					4 mg x 2		Same	STOP	
10/08/15					4 mg x 2		10 mg x 1		
13/10/15							7.5 mg x 1		
11/12/15				2.5 mg x 2	STOP		5 mg x 1		
9/09/16							**50 mg x1**		**1, 1**
20/09/16							**40 mg x 1**		**1, 2**
29/09/16				2.5 mg x 3			**30 mg x 1**	**1**	**2, 2**

MRI		
Date	**Type**	**Impressions**
1st Sept 13	**(M1)** Spine	Abnormal bright signal intensity in spinal Cord C7-D11 level with mild expansion of cord and patchy post contrast enhancement at D3/D4 level – likely to represent acute complete transverse myelitis. (1st September 2013)
12th Oct 13	**(M2)** Spine	As compared to previous MRI Dated 1st September 2013 – The extent of the intermedullary signal alteration has reduced. Present scan reveals signal alteration from D3/D4 to D9 level with mild patchy enhancement at places.
15th Oct 13	**(M3)** Brain	No significant intracranial abnormality detected
2nd Jan 14	**(M4)** Spine	As compared to 12th Oct 13 • The extent of the intramedullary signal alteration has further reduced. • Few enlarged pretracheal, precarinal, right hilar & subcarinal lymph node
12th April 15	**(M5)** Brain	No significant intracranial abnormality detected
13th April 15	**(M6)** Thoracic	As compared to 2nd Jan 14 • The intermedullary signal alteration/enhancement has significantly reduced and is no longer visualized • Few enlarged pretracheal, precarinal, right hilar and surcarinal lymph nodes
2nd Sept 16	**(M7)** Spine (Relapse)	Well defined intramedullary nodular enhancing lesion with diffuse long segment cord edema from C6 to D6. Possibilities include: • Acute transverse myelitis • Granulomatous disease?

CT Scans		
Date	**Type**	**Impressions**
15th Oct 13	**(C1)** Whole abdomen	• Mild Hepatomegaly • Faecal loaded large bowel loops • Mildly thickened wall of Urinary Bladder
15th Oct 13	**(C2)** Thorax	Enlarged hypodense noncalcified mediastinal lymph nodes as follows- possibility of TB & Sarcoidosis needs consideration • Paratracheal – (27 x 20 mm) • Precardinal – (20 x 17 mm) • Right Hilar – (27 x 21 mm) • Right Hilar –partially necrotic (15 x 09 mm) • Subcarinal – (26 x 25 mm)
06th Dec 13	**(C3)** Thorax	Enlarged hypodense non-calcified mediastinal lymph nodes as described – No Significant interval change as compared to previous CT dated 15th Oct 2013
24th Nov 14	**(C4)**	As compared to previous CT dated 6th Dec 13, there is a decrease in the size on enlarged

	Chest	mediastinal lymph nodes • Precardinal – (13 x 12 mm) • Right Hilum – (18 x 16 mm) • Subcarinal – (12 x 15 mm)
13th Oct 15	**(C5)** Chest	As compared to previous CT dated 24th November 14, there is subtle decrease in the size of enlarged mediastinal mediastinal lymph nodes with few calcified specks in them. • Precardinal – (13 x 11 mm) • Right Hilum – (14 x 13 mm) • Subcarinal – (12 x 14 mm)
26th Feb 16	**(C6)** Chest (During the Suspected Chest Infection based admission to PGI)	• Interlobular septal thickening along with coalescent nodular opacities in the peribronchovascular location seen in the anterior, medial basal and posterior basal segments of right lower lobe with few of them having subpleural location. Many of the nodules are seen around the bronchioles. (New finding as compared to previous CT dated 13/10/2015) - ?sequelae to sarcoidosis ? Infective. Advised follow up scan/ histopathological correlation for confirmation. • Few small irregular nodules are seen along with the right horizontal fissure and left oblique fissure. • Multiple mildly enlarged hypodense lymph nodes seen. o Pre-carinal – (13 x 11 mm) o Right Hilum – (9 x 8 mm) o Subcarinal – (14 x 12 mm) o Few calcified specks are seen in it – Lymph node in the right hilium has slightly decreased in size.

EBUS TBNA		
Date		
10th Dec 13	Fluid Report	• EBUS TBNA smears show multiple non-necrotizing epithelioid cell granulomas with few multinucleated giant cells in the background of lymphocytes, macrophages and benign respiratory epithelial cells. Stain for AFB is negative. Features are of granulomatous inflammation. • TBNA smears EBUS: Inflammation Granulomtous
	Pathology Report	• Endobronchial biopsy examined in multiple fragments showing endobronchial lining epithelium with mild lymphomononuclear infiltrate. Fragments of submucosal glands and fresh hemorrhage seen. No granulomas or any evidence of lymphoproliferative disorder seen. • Transbronchial lung biopsy is in multiple frangements and show collapsed alveolar spaces with mild type II pneumocyte hyperplasia. Fragments of submucosal glands are seen. No Granuloma or any evidence of lymphoproliferative disorder seen.
1st Mar 16	Fluid Report	• BAL smears show lymphocyte, alveolar macrophages, polymorphs, benign respiratory epithelial cells and squamous cells. No Malignant cells seen.

USG KUB			
Date	**Pre-Void Volume (CC)**	**Post Void Volume (CC)**	**Remarks**
12th Oct 13	286	88	Slightly thickened bladder wall with significant PVR; no backpressure changes in the kidneys.
15th Oct 13		25	
24th Nov 14		40	Mobile internal echoes in urinary bladder likely cystitis
27th July 15	182	140	• Few internal echoes in UB lumen- likely cyctitis • Significant post void residual urine
30th July 15	401	186	• Significant Post Void Residual Urine 186cc • No other Sonologically Detectable Morphological Abnormality in detected

Urodynamic Study			
Parameter		6/12/14 (FORTIS)	16/02/2015 (PGI)
Filling Phase			
Infused Volume		398 ml	217 ml
Vol. lost through leakage		0 ml	111 ml
Bladder filing			106 ml
Maximum Vesical Pressure		100 cm H_20	181 cm H_20
Max. Abdominal Press.		55 cm H_20	42 cm H_20
Max. Detrusor Press.		78 cm H_20	169 cm H_20
Pump Speed		30 ml/min	5.2 ml/min
Sensation Markers			
First Sensation	Bladder Filling:	82 ml	29 ml

	Vesical Pres.	7 cm H_20	24 cm H_20
	Abdomen Pres:	2 cm H_20	?
	Detrusor Pres:	4 cm H_20	9 cm H_20
First Desire	Bladder Filling:	181 ml	81 ml
	Vesical Pres.	8 cm H_20	18 cm H_20
	Abdomen Pres:	2 cm H_20	?
	Detrusor Pres:	6 cm H_20	5 cm H_20
Normal Desire	Bladder Filling:	212 ml	100 ml
	Vesical Pres.	7 cm H_20	17 cm H_20
	Abdomen Pres:	0 cm H_20	?
	Detrusor Pres:	6 cm H_20	4 cm H_20
Strong Desire	Bladder Filling:	324 ml	114 ml
	Vesical Pres.	35 cm H_20	35 cm H_20
	Abdomen Pres:	16 cm H_20	?
	Detrusor Pres:	18 cm H_20	11 cm H_20
Bladder Capacity	Bladder Filling:	389 ml	
	Vesical Pres.	45 cm H_20	
	Abdomen Pres:	5 cm H_20	
	Detrusor Pres:	39 cm H_20	