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Original Research Paper

Medicine

A RARE ENTITY OF BILATERAL MEDIAL MEDULLARY SYNDROME IN SLE

P. Prathyusha Reddy	Junior Resident, Depatment Of Medicine, Prayhima Institute Of Medical Sciences, Nagnur Road, Karimnagar, Telangana.
B. Sreeja	Junior Resident, Depatment Of Medicine, Prayhima Institute Of Medical Sciences, Nagnur Road, Karimnagar, Telangana.
K Ravinder Reddy	Professor And Head Of Depatment Of Medicine, Consultant Cardiologist, Prayhima Institute Of Medical Sciences, Nagnur Road, Karimnagar, Telangana.

KEYWORDS :

INTRODUCTION

Medial medullary syndrome is a rare type of ischemic stroke and represents <1% of posterior circulation strokes, in which bilateral infarcts are even rare and can rarely occur in young patients. It usually presents with quadriplegia, dysarthria , dysphagia , impaired sensations. SLE is chronic systemic autoimmune disease often effects young women and is characterized by multisystem involvement. It has eightfold higher risk of stroke, but it rarely occurs as initial manifestation of disease. The CNS involvement in SLE leads to increased rates of mortality, morbidity and disability. Cerebrovascular disease may be attributed to disease, as manifestation of Neuropsychiatric SLE

Case Report

A 38 yrs. old female without comorbidities came with c/o. headache, giddiness, weakness of all 4 limbs, slurred speech ,difficulty in swallowing, fever since 2 days. On physical examination - Patient had Altered sensorium, febrile, pallor present PR -92 bpm, Bp - 120/80mmhg, On auscultation- chest b/ l air entry equal and clear. Neurological examination showed quadriplegia power 0/5 in all limbs, bilateral vertical nystagmus, dysarthria, dysphagia, sensory deficit to touch, proprioception, vibration. Deep tendon reflexes 1+ in all limbs, with Babinski's sign positive.

Investigations

DWI MRI Brain showed Acute infarct in bilateral medial medulla oblongata. Brain MR Angiography showed occlusion of bilateral vertebral arteries proximal to vertebral-basilar junction. Based on these findings, diagnosis of bilateral MMS was made.

Laboratory tests revealed Hb - 7.2gm/dl, raised ESR (120 mm), strongly positive ANA IF, Anti ds DNA, Anti Ro/La positive, low C3 & C4 levels, coombs positive. Echo cardiography was normal.

The diagnosis of SLE was established according to New EULAR and ACR Criteria for classification of SLE.

She was started on Anti coagulants, corticosteroids, immunosuppressive therapy with Azathioprine, Hydroxychloroquine

DISCUSSION

Ischemic stroke as initial manifestation of SLE is uncommon Occurrence. It usually affects patients who are young, mostly women, and predominantly involves the vertebrobasilar territory. SLE ischemic stroke is caused by several diverse mechanisms, including cardio embolism, large artery stenosis of either non-atherosclerotic or atherosclerotic aetiology, arterial dissection, hypercoagulable states and systemic inflammation. In our case, possible cause of early incidence of thrombosis could be high levels of disease activity, higher inflammatory state.

CONCLUSION

The diagnosis of SLE is always a challenge due to the wide variety of its manifestations. In more recent years, the realization that inflammation promotes thrombosis and increased frequency of stroke in the first years of disease, has prompted discussions about combination therapy (anticoagulation and immunosuppression), especially in patients with generalized disease activity. Physicians need to educate lupus patients and their families to the early recognition of the signs of stroke and the need to seek prompt attention.

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