

From: "ROOT" <root@sctimst.ac.in>
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Date: 03/12/2024 07:34 AM
Subject: Invitation for CGR

From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>
To:
Cc: Meenu Singh <meenusingh4@gmail.com>
Date: Mon, 2 Dec 2024 17:23:58 +0530
Subject: [EXTERNAL MAIL] Invitation for CGR

Greetings from AIIMS, Rishikesh !!

The CGR will be held on the **Dec 3, 2024** in **CPD Hall**, AIIMS Rishikesh from **8:00 AM to 9:00 AM**. You can join online through the following link:

Meeting link:
<https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m0e8c1818cb9c422f18304b0096d96f9d>

Tuesday, Dec 3, 2024, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2519 210 7863
Meeting password: 031224

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

CLINICAL GRAND ROUNDS

Department of NEUROLOGY – 3RD DECEMBER 2024

Name: ABC	Age/Sex: 61/M	Residence: Khwajahanpur UP
• UHID: 20230171067		
Case Presenter: Dr Anu Singh(Academic SR)	Consultant in charge: Dr. Mritunjai Kumar Singh (Associate Professor and HOD)	

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Chief complaints:

- **Sleep disturbances since 8 months**
- **Abnormal involuntary truncal bending with postural instability since 5 months**

Brief History:

Patient was apparently well 8 months back when he developed sleep disturbances in the form of difficulty in initiation, frequent nighttime arousals, shortened sleep duration, snoring . At the same time he developed unpleasant sensations in both lower limbs nocturnally resulting in massaging his feet or getting up and moving around which brought him relief.

5 Months into the illness, he developed postural instability with involuntary abrupt neck and trunk flexion and buckling of knees while standing or walking. These episodes occurred several times/day, lasting from seconds to minutes, without any diurnal variation.

In addition, during most nights, he would remain awake for hours in distress, standing beside his bed with frequent and sustained flexion of neck and trunk..

Examination

General Examination

- . Conscious and oriented to time, place, and person;
- . No pallor, Icterus, clubbing, cyanosis, pedal edema, generalized lymphadenopathy.

Vitals

- . HR - 74 bpm
- . BP - 130/70 mm of Hg
- . RR - 18/min
- . SpO2 - 98% on RA
- . Temp- 98.4 F

Systemic examination

- . Respiratory System – B/L normal vesicular breath sounds, no added sounds
- . Per abdomen - Soft, non-tender, no organomegaly, bowel sounds+
- . Cardiovascular System - S1 S2 heard
- . Central Nervous System -

Motor examination

Tone- normal in all 4 limbs

Bulk- normal

Power

		Right	Left
Shoulder	Flexion	5/5	5/5
	Extension	5/5	5/5

	Abduction	5/5	5/5
	Adduction	5/5	5/5
Elbow	Flexion	5/5	5/5
	Extension	5/5	5/5
Wrist	Flexion	5/5	5/5
	Extension	5/5	5/5
Handgrip		100%	100 %
Hip	Flexion	5/5	5/5
	Extension	5/5	5/5
	Abduction	5/5	5/5
	Adduction	5/5	5/5
Knee	Flexion	5/5	5/5
	Extension	5/5	5/5
Ankle	Flexion	5/5	5/5
	Extension	5/5	5/5
EHL		5/5	5/5

DTR

	Right	Left
Biceps	2+	2+

Triceps	2+	2+
Supinator	2+	2+
Knee	2+	2+
Ankle	2+	2+

Sensory-Normal to all modalities

Cerebellar signs – absent

Extrapyramidal system: No rigidity, extraocular movements were not restricted, saccades and pursuits were normal.

Postural instability on “Pull test”

GAIT: Forward and lateral bending of the trunk with intermittent involuntary knee flexion while walking and improved on lying down suggestive of camptocormia with asterixis (negative myoclonus) although a normal posture could still be achieved upon command.

Differential Diagnosis

AUTOIMMUNE PHENOMENON /PARANEOPLASTIC

MULTI SYSTEM ATROPHY

PROGRESSIVE SUPRANUCLEAR PALSY

Diagnostic Investigations:

MRI –normal

EEG Normal

Anti Igln 5 antibody -positive

Date	<u>23/04/24</u>
Hematology	
Hemoglobin (mg/dL)	13.46
TLC (cells per cumm)	6.56

Management

Platelets (lakhs/cumm)	351.2
PT INR	15/0.97
Biochemistry	
Blood Urea (mg/dL)	30.2
S. Creatinine (mg/dL)	0.92
S. Sodium (mmol/L)	137.8
S. Potassium (mmol/L)	4.34
Total Bilirubin	0.96
Direct Bilirubin	0.85
S.G.P.T. (U/L)	50.5
S.G.O.T. (U/L)	54.6
ALP (U/L)	112.2
S. Total Protein (g/dL)	6.38
S. Albumin (g/dL)	4.35

Pulse Inj Methylprednisolone for 3 days

5 cycles of Plasmaphereses

Inj Rituximab

Summary:

A 61 year old gentleman Chronic smoker presented with complaints of sleep disturbances, gait instability and abnormal dystonic posturing. Possibilities of neurodegenerative disorders as well as autoimmune disorders were considered. On evaluation of patient, he was found to have parasomnias, restless leg syndrome, obstructive sleep apnoea, abnormal gait, autonomic dysfunction. After evaluation and assessment of patient a diagnosis of likely

autoimmune disorder was considered. Investigations were sent and he was diagnosed to have IgG4 associated disease. He was pulsed with steroids initially followed by 5 cycles of PLEX and Inj Rituximab eventually.