

# FROM WEAKNESS TO DIAGNOSIS: A CASE OF

# ATYPICAL POLYNEUROPATHY

Nimitha Shanavas Rahiman  
Department of General Medicine

## 1 INTRODUCTION



- Polyneuropathy: Damage to multiple peripheral nerves.
- Symptoms: Weakness, sensory abnormalities, autonomic dysfunction.

## 3 CASE REPORT



### PHYSICAL EXAMINATION:

- Findings:
  - Motor weakness in both lower limbs.
  - Hypotonia, loss of dorsiflexion and thumb abduction, poor hand grip.
  - Absent deep tendon reflexes, negative Babinski sign, high-stepping gait.
- No Sensory symptoms, autonomic dysfunction, cranial nerve involvement.

### INVESTIGATION

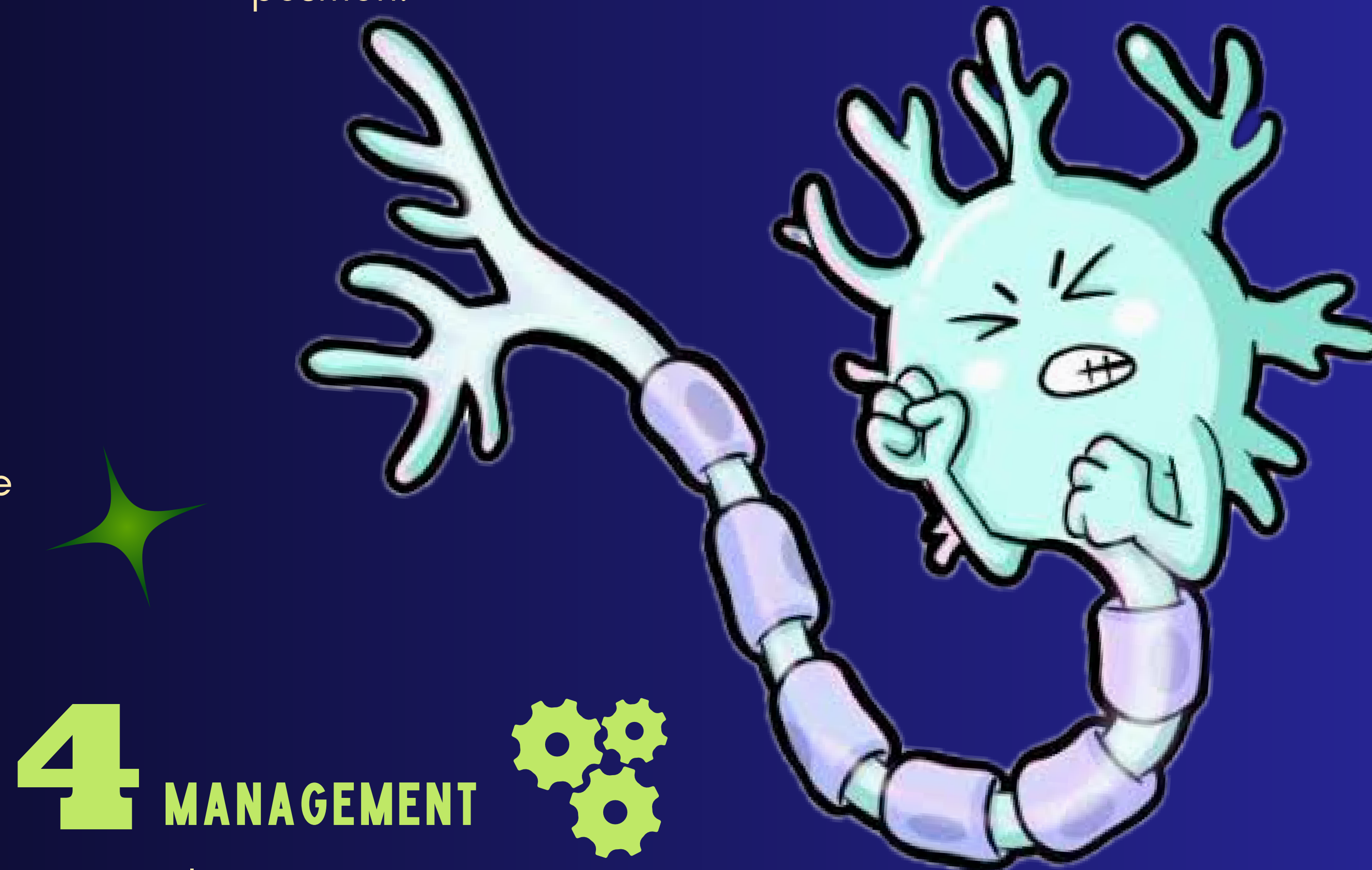
- Nerve Conduction Studies: Reduced compound motor action potentials, preserved motor conduction velocities.
- CSF Analysis: Albuminocytological dissociation.

## 6 CONCLUSION

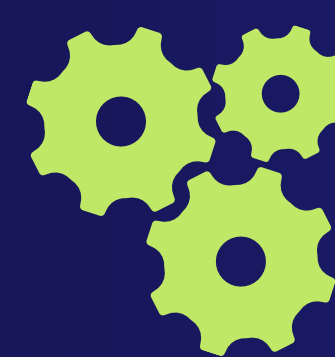
- Key Takeaway: Accurate diagnosis requires integrating clinical and electrophysiological findings.
- Importance: Comprehensive diagnostic and management approach essential for complex cases.

## 2 PATIENT HISTORY

- Medical History: Psoriasis vulgaris (2 years), chronic ethanol consumption, tobacco smoking.
- Presenting Symptoms: Sudden lower limb pain, weakness, difficulty gripping objects, issues rising from a squatting position.



## 4 MANAGEMENT



- Initial Treatment:
  - Thiamine Supplementation: Address potential deficiency.
  - Symptomatic Relief: Pain management and functional support.
- Rehabilitation:
  - Physical Therapy: Strengthen muscles, improve gait, enhance mobility.



Fig.2. Patient attempting dorsiflexion of both the feet



Fig.1. Patient attempting Thumb abduction

## 5 DISCUSSION

- Diagnosis: Acute axonal polyneuropathy with no sensory or autonomic dysfunction.
- Differentials Considered: Guillain-Barré variants, dry beriberi, autoimmune polyneuropathy.
- Treatment Response: Improvement with thiamine suggests deficiency due to chronic ethanol use.

Future Consideration: Immunoglobulin therapy if no further progress with thiamine.