

LATERAL SCLEROSIS AMYOTROPHIC SYNDROME IN A TETRAPARESIS PATIENT WITH CERVICAL SPINAL STENOSIS

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Abstract

Introduction: Amyotrophic lateral sclerosis syndrome (SLA) is a rare disease which is difficult to diagnose when it is secondary to other pathologies.

Material and method: We present the case of a 76-year-old patient whose symptomatology onset in August 2017 with minor motor deficit that progressed from proximal to distal. He was in hospital, neurological department, on September 2017 with tetra-paresis, the patient being immobilized in bed, unable to maintain a sitting position. In the neurological evaluation, the patient shows the atrophy of the bilateral interosseous muscles, paralysis of the upper and lower limbs, decrease of muscular strength 3/5 proximal muscles and 2/5 distal limb muscles and limitation of active movements. Deep tendon reflexes (myotatic reflex) are absent, Babinski reflex is present bilaterally, present fasciculation, vermicular movements of the tongue and minor deglutition disorders. Cranial and cervical Computer Tomography (CT) evaluations do not highlight brain changes, only cervical spinal stenosis at the C6-C7 level. Thoracic-abdominal CT exclude replacement processes. Cervical Magnetic Resonance Imagery confirm cervical vertebral canal stenosis C6-C7. Functional electromyography exploration invalidates the diagnosis of SLA. The patient was transferred to the neurological recovery department where he received neurotrophic drug therapy and adequate physical-kinetic treatment with re-education of sitting position and force pretension techniques for improving swallowing.

Results: Based on the clinical and imagistic data's, we consider the diagnosis as SLA syndrome in a progressively installed tetra-paresis patient and cervical spinal stenosis, non-responsive to drug and physical therapy. He is directed to the neurosurgery service where he is operated in January 2018. The patient returns to the neurological recovery section where at re-evaluation he has an improvement of functionality after the application of the kinetic programs with the standing and walking with auxiliary devices.

Conclusions: Although SLA syndrome is rare, it can be found in cervical compression forms with the progressive motor deficit and muscle atrophy. Timely interventions with decompression at the cervical stenosis level allows the recovery program to significantly improve the neuromotor deficit with re-education of missed motion schemes.