Medical Quiz

Medical quiz: images

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A 28-year-old gentleman, diagnosed case of diabetes with complications, fibrocalculous pancreatic diabetes (FCPD), myopathy due to malabsorbtion syndrome with chronic hepatitis B virus infection, presented with worsening severe weakness of both upper and lower limbs with occasional non-specific neck pain more marked during movement with radiation to left arm. He also had occasional urinary incontinence and low grade fever. On examination, he was ill looking, emaciated and scoliosis was present. He had anemia, angular stomatitis, cheilosis and sparse body hair. On neurological examination, he was conscious, oriented with

symmetrical wasting of both upper and lower limbs involving both proximal and distal muscles. Fundoscopy revealed mild non-proliferative diabetic retinopathy (NPDR). All the jerks were absent except supinator jerks. Plantar response was extensor bilaterally with positive Hoffman's sign. All modalities of sensation were impaired distal to elbow and knee symmetrically with dermatomal sensory loss at C5 distribution on left side. There were no stigmata of chronic liver disease. Other systemic examination was normal. This is the magnetic resonance imaging (MRI) of cervical spine with contrast.

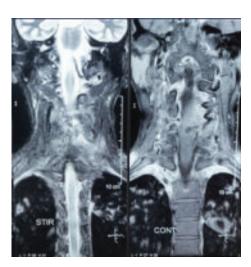


Figure A

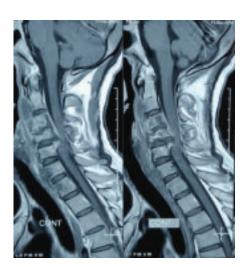


Figure B

Questions

- 1. What are the MRI findings?
- 2. What is the probable diagnosis?
- 3. What are the indications of surgery?
- 4. How clinical response will be monitored in this case?

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