

CLINICAL IMAGE

DIABETIC PATIENT PRESENTED WITH TINGLING AND BURNING LIMBS- IS THIS ALWAYS PERIPHERAL NEUROPATHY?

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A 46-year-old hypertensive, diabetic female presented with a 1 year history of a gradually increasing tingling and burning sensation in all four limbs. But all relevant clinical examinations were unremarkable. Many physicians diagnosed it as early peripheral neuropathy due to Diabetes Mellitus, but nerve conduction study (NCS) report was normal. Finally a magnetic resonance image (MRI) revealed a well-defined cystic

are found throughout the interstitium of the spinal cord.¹ Intramedullary tumors can presented with somatosensory and motor systems causing paraesthesia, dysesthesia and weakness. These symptoms often starting distally and progressing proximally before lead to complications such as respiratory, bladder and bowel dysfunction.² Astrocytomas and Ependymomas are the two most



Figure-1. MRI showing a well-defined cystic intramedullary lesion on the C6 and C7 levels of spinal cord, which is hyperintense in T2-weighted images and hypointense in T1-weighted images.

intramedullary lesion on the spinal cord at the C6 and C7 levels. The lesion was oval in shape and 1.92×0.85 cm in size. The lesion was hyperintense in T2-weighted images and hypointense in T1-weighted images (Fig. 1). The lesion was successfully excised and found as ependymoma on histopathology. The patient become asymptomatic within 2 weeks of surgery.

Intramedullary tumors grow inside the spinal cord, most frequently occurring in the cervical (neck) region. They typically derive from glial or ependymal cells that

are common types. They are usually benign, but can be difficult to remove.^{1,2}

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