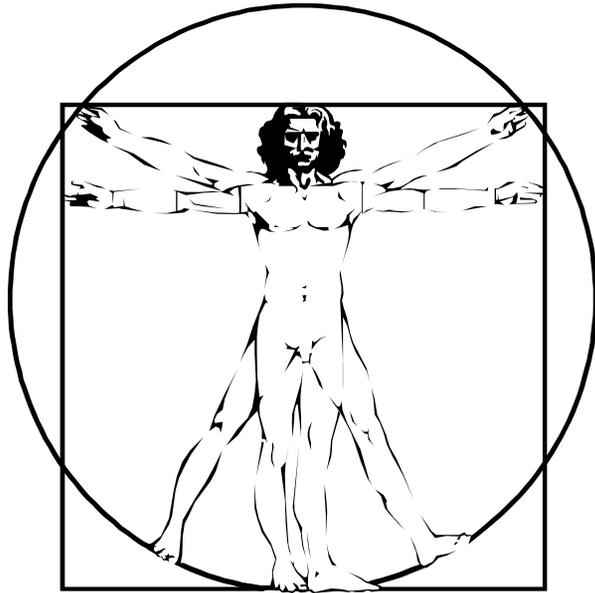


## Department of Internal Medicine



Clinicopathologic Conference January 24th, 2013

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### 41 year old woman with a history of sarcoidosis and new onset progressive lower extremity numbness

#### Case History

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A 41 year old African American woman with a history of sarcoidosis presents with one day progressive numbness and tingling in her lower extremities. She reports that the numbness started in her left foot and progressed over 24 hours up her entire left leg. On the morning of presentation, she noted the numbness now on her right foot, progressing up her right leg, causing her to seek medical attention. She denied pain or weakness in her lower extremities, though an accompanying family member noted that she had an abnormal gait that started when she developed the leg numbness. She does report difficulty having a bowel movement over the past three to four weeks, but she denied bowel or bladder incontinence or saddle anesthesia. Furthermore, she denied

numbness or tingling in her bilateral upper extremities or face. She reports that she was in her usual state of health until 24 hours ago. She denies any recent weakness, numbness, tingling. She has not had symptoms like this in the past. She denies any rash, fevers, weight loss, back pain, new visual or hearing changes, altered mental status. She has not changed medications recently, had any recent immunizations, been exposed to sick contacts, or traveled. She has had no known insect or tick bites or exposures. She denies any recent trauma

As for the history of Rt Eye painful vision loss, she states that approximately 2 years ago she developed a pulling sensation in her right eye and pain with movement of the Rt eye, that over the course of an hour she developed visual blurriness followed by complete loss of vision in her Rt eye. She was seen at an outside hospital and was treated with IV steroids, which led to a slight improvement in vision, however, after the steroid taper, she lost all vision in her Rt eye with no return of vision in 2 years. An MRI of the brain and spine were performed without any CNS findings, however she was noted to have hilar masses found to be sarcoid on subsequent biopsy.

#### Past Medical/Surgical History:

- Uterine fibroid
- Sarcoidosis – diagnosed during evaluation of loss of vision – diagnosed by biopsy of hilar mass
- Right eye blindness – 2010 – had episode of painful vision loss – resulted in complete blindness - ? thought due to sarcoidosis

#### Immunization History:

Influenza vaccine-refused  
Tetanus vaccine-Refused  
Other immunization history unknown

#### ROS:

negative

#### Family History:

- Mother-HTN, CVA
- Otherwise Unknown

#### Social History:

- No history of tobacco, alcohol, illicit drug use
- Lives with mother in Richmond, VA. Works as an accountant. No recent travel or other known exposures

## Physical Exam

**Vital Signs:** T 37.1 C BP 121/78 HR 94 RR 18 BMI 23

**General:** no acute distress

**HEENT:** Atraumatic, normocephalic, anicteric, moist pink mucous membranes.

**CV:** RRR. Normal S1, S2. No appreciable murmurs

**Lungs:** Equal bilateral air entry. Vesicular breath sounds bilaterally. No wheezes or crackles.

**Abdomen:** Soft, nontender, nondistended, normoactive bowel sounds.

**Mental status:** alert, oriented to place, person & time

**Language:** able to carry out a fluent conversation, repetition, comprehension, naming intact

**Speech:** no dysarthria

**CN:**

I: not tested

II: Pupils equal 3mm bilaterally; reactive to light bilaterally; APD on the right, visual acuity left eye: 20/20; right eye, has light perception only

III, IV, VI: EOM intact, no nystagmus, no pain with movement

V: symmetric sensation to light touch and pinprick bilaterally in all 3 branches of trigeminal

VII: Face symmetric

VIII: grossly intact

IX, X: intact gag

XI: Sternocleidomastoid strong bilaterally

XII: able to move tongue in both directions

**Motor:**

Muscle: Delt |Tric|Bic|BR|WE|WF|G|HF|KE|KF|PF|DF

R 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5

L 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 4 | 4

**Muscle bulk and tone:** normal, no fasciculations

**Sensation:** decreased sensation to pinprick and temperature sensation on the left lower extremity up to the knee anteriorly, but has symmetric sensation at the posterior aspect of the legs. Light touch, proprioception intact bilaterally. No sensory level appreciated. Sensation in the peri-anal area to cold temperature was intact.

**Rectal exam:** normal rectal tone, Sensation in the peri-anal area to cold temp was intact.

**Medications:**

- None

**Allergies:**

- None

<b>DTRs:</b>	Tric	Bic	BR	Patellar	Achilles	Babinski
R	2+	2+	2+	2+	2+	downgoing
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L	2+	2+	2+	2+	2+	downgoing

**Coordination:** intact FNF, heel shin

**Gait:** normal heel and toe walking; tandem is quite difficult for her due to swaying

**Laboratory Data and Imaging:**

Sodium 139 mmol/L, Potassium 3.3 mmol/L, Chloride 101 mmol/L, Bicarbonate 33 mmol/L, BUN 16 mg/dL, Cr 0.8 mg/dL, Glucose 145 mg/dL, AST:16, ALT:26, Alk phos: 37, Total bili:1.4, Conjugated Bili:0.8, Total protein: 4.0, Albumin: 3.0

WBC 9.2 x10<sup>9</sup>/L , Hemoglobin 11.2 g/dL, Platelets 356 x 10<sup>9</sup>/L  
ESR-2 UA negative

<b>CSF Tube #1</b>	CSF Studies
Clear	Culture-No Microorganisms
Colorless	Crypt-Negative
RBC-157	Enterovirus-Negative
WBC-0	Fungus-Negative
	IgG CSF-1.6
<b>CSF Tube #2</b>	Albumin-13
Clear	IgG/Albumin Ratio0.12
Colorless	
RBC-3	Glucose-56
WBC-2	Lactate-1.3
	Protein-23
	Oligoclonal Bands-0
	ACE Serum-50
	ACE CSF-1

**MRI Cervical Spine**

T2 hyperintensity predominately within the central half of the upper thoracic cord extending for approximately 2.5 cm craniocaudally at the level of T3-T4. No significant leptomeningeal enhancement was noted

A definitive test was performed that revealed the diagnosis.