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Acute brainstem syndrome secondary to malnutrition from functional dyspepsia

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Brain stem syndrome is a condition commonly characterized by limb weakness, ophthalmoplegia and gait disturbances. The common causes of brain stem syndrome are ischemia, neoplasia, demyelination, infection and hamartoma type lesions in the brain. Imaging ideally with an MRI scan is usually diagnostic in most cases. CSF (Cerebrospinal Fluid) study helps in identifying the cause in most cases. A 42 years old Caucasian lady presented with non-specific symptoms like lethargy and malaise was off food for a couple of months and had lost a considerable amount of weight (4 stones=25.4 kg). She was admitted to the hospital with nausea and vomiting for few weeks and complained of a lump in her throat. Gastroscopy was unremarkable. She also complained of sudden onset of double vision for the last few days and examination showed vertical Nystagmus. She also complained of unusual sensation in her feet and soreness in the bottom of her feet when she stood up. There was no obvious limb ataxia, absent lower limb tendon jerks but flex or plantars and intact objective peripheral senses. Gait was unsteady while walking with eyes open but was better with eyes closed. The patient was lucid the whole time. During the stay in the hospital the patient developed oscillopsia. She underwent an MRI scan which was unremarkable. She was investigated for autoimmune cause including GQ1b for Miller Fischer syndrome and paraneoplastic screen to investigate the weight loss. Lumbar puncture which was performed which showed protein of 0.69 grams/liter and rest of the values are normal. She was transferred to a tertiary neurology center. Based on her clinical examination finding and MRI report she was diagnosed with brain stem syndrome secondary to malnutrition due to functional dyspepsia. She was seen by the dieticians and Nasogastric feed was started.

Biography

Amit Sen is working as a Consultant Physician in Acute and Adult General Medicine at St Marys Hospital, UK. He has graduated from Calcutta University in India 1998 and had further Post-graduate training in Medicine in India and then moved to UK in 2002. He had also received Post-graduate training in Medicine at Liverpool and London. He is attached with National Health Service for the last 16 years and had training in different branches of medicine including cardiology, gastroenterology. He has done various clinical audits and was the Principal Investigator in IST3 Trial (International Stroke Thrombolysis Trial), Clots trial, TARDIS trial. He has interest in teaching medical undergraduate students and he is also a Clinical Supervisor for junior doctors in the current hospital.

Kirti Kiran Nune has graduated from India in 2014. Since then he has been working in the NHS. He has experience as a Junior Doctor in emergency medicine, cardiology, gastroenterology and diabetes and endocrine in Tunbridge Wells NHS Trust, Southampton General Hospital and St Mary's Hospital Isle of Wight. He has undertaken audits in emergency medicine, cardiology and gastroenterology.

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