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A prevalent disease missed under cover of an uncommon disorder- a learning experience in clinical practice

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ABSTRACT

Musculoskeletal pains are secondary complication of a my apathic disorder but other causes must be ruled out through meticulous evaluation. We report a case of distal my apathy who developed back pain due to tuberculous spondylitis but was overlooked and his complaint of backache was considered outcome of mechanical deterioration of vertebral column resulting from weakness of para spinal muscles due to my apathy. After detailed evaluation, his unnoticed ailment was identified and he was started off with the right management.

Key Words:

My apathy, respiratory function, tuberculous spondylitis

INTRODUCTION

Muscle weakness, difficulty performing activities of daily living, and rarely, muscle pain and tenderness are the common symptoms of a my apathic disorder. At times, the primary my apathic disorder is so obvious that physicians do not look for other diseases that might be associated with the presenting symptoms of the primary disease. We wish to report here, a case of distal my apathy who developed tuberculous spondylitis (TS) but was overlooked and his complaint of backache was considered outcome of mechanical deterioration of vertebral column resulting from weakness of para spinal muscles due to my apathy.

CASE REPORT

A 26-year-old ex-army male presented with twelve years' history of gradually progressive weakness of all limbs and two years' history of difficulty walking and low backache. He had been diagnosed to have had distal my apathy on the basis of clinical and electro diagnostic findings but further detailed genetic evaluation was not carried out due to unavailability of such facilities. He was discharged from military service on medical grounds. He did not report fever, night sweats, or loss of appetite at the time of presentation. Functionally, he was mobile with walker and required assistance in eating, grooming, toileting, bathing, and dressing. He was continent for sphincters. There was no past history of

pulmonary tuberculosis or any other specific illness. He used to live in poor socioeconomic conditions with his maternal uncle who had pulmonary tuberculosis and completed 12 months of anti-tuberculosis therapy (ATT) last year.

On examination, he had marked muscle wasting in forearm, hands, legs, and feet with sparing of facial muscles. (Fig. 1) The Gower's sign was negative. His cranial nerves were intact. Muscle power was 3-4/5 in proximal muscles of upper limbs, 3/5 in proximal muscles of lower limbs, and 2-3/5 in distal muscles according to the Modified Medical Research Council Scale. The deep tendon reflexes were depressed in all limbs with negative Babinski's sign. The sensations were intact. His electrocardiogram and echocardiography were normal. The X-rays of spine revealed compression fracture of vertebrae LV1 & LV2 with soft tissue shadow, which was confirmed to be psoas abscess on computerized tomography scan. (Fig. 2)

Laminectomy L1 with discectomy and debridement of abscess was done and the tissue was sent for histopathology, which turned out to be chronic granulomatous infection. He was put on ATT for 18 months and taught low intensity breathing exercises. An informed consent was taken from the patient for writing his case description.

DISCUSSION

Development of TS in a case of distal my apathy has

not been reported in the literature. TS is usually secondary to pulmonary or intestinal tuberculosis but may also be the initial manifestation of tuberculosis.³ Poor respiratory function has a synergistic relationship with tuberculosis development⁴ and is a prominent feature of some of the myopathies. Though distal myopathies seem to be involving only distal muscles, many engage respiratory muscles⁵ and thus can be postulated a supportive factor for development of tuberculosis. Back pain is one of the associated features of some hereditary, metabolic, toxic, and mitochondrial myopathies⁵⁻⁹ but a coexistent problem may be the actual causative agent of back pain. This coexistent problem may be the mechanical deformity, herniated intervertebral disc, a bone tumor, or an infection.¹⁰ Therefore, a thorough assessment using history, clinical examination, available laboratory, and imaging evaluation must be carried out keeping in mind all possible etiologies of back pain. In conclusion, in regions endemic for tuberculosis, if an individual with neuro muscular disorder that tends to weaken the respiratory muscles, presents with back pain, the possibility of TS should never be overlooked.

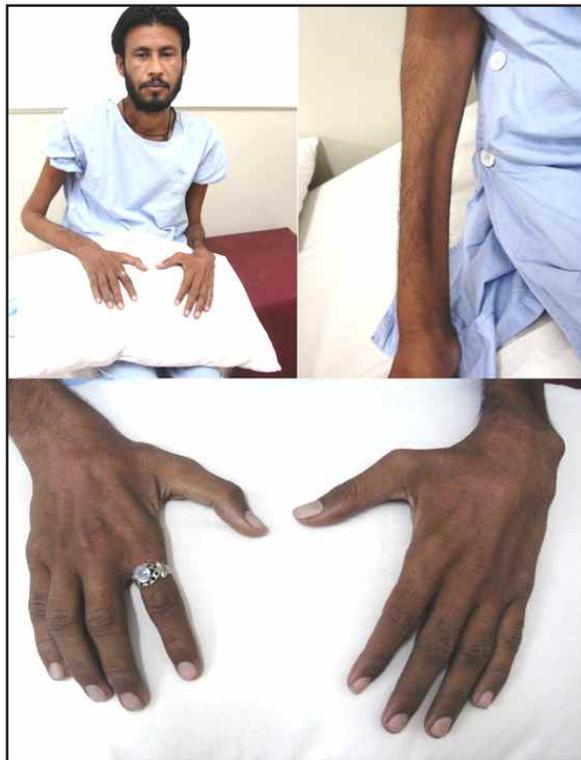


Figure-1:
Figure showing clinically evident wasting of distal muscles with sparing of facial muscles

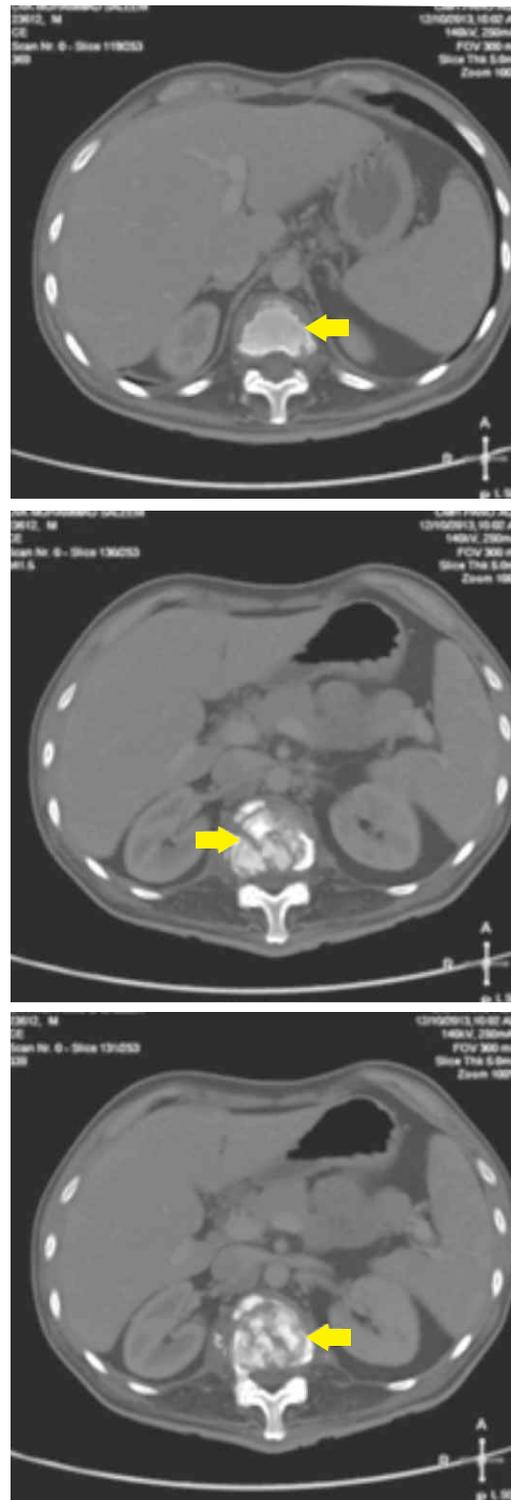


Figure-2:
Computerized tomographic scan films showing vertebral body fragmentation, endplate erosion, and psoas abscess

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Author's contribution:

Sarah Razaq; concept, data collection, data analysis, manuscript writing,

Saeed BinAyaz; data analysis, manuscript writing, manuscript review

Aleem Arshad; manuscript review

Hussain Rashid Ihsan; data analysis, manuscript review