

TRANSIENT GLOBAL AMNESIA, ?TOXIC FUME EXPOSURE

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A male patient aged about 48 yrs, a non-smoker, nondiabetic, non hypertensive, admitted to BVC clinic, on 10/11/09, with h/o 1. sudden loss of memory, slurred speech and imbalance with improper finger nose test.

In the morning he went to his office where instead of working he slept, in the afternoon people around him noted his slurred speech and imbalance in walking. Even while coming back from office he went to sleep on the motorbike (a dangerous ride).

With this history he was examined by me on 10/11/09 at about 9 pm in my chamber and on my clinical examination I found he was escorted to my chamber with imbalance in gait, he was conscious but confused and had no memory of what happened during whole day. He was disoriented, his pulse was feeble 55/min, BP on lying down 100/70, on sitting 80 systolic only, no jerks could be elicited, neck soft plantar no response, small pupils with no reaction to light. Finger nose Test on left side was improper, right sided finger nose test ok. With these findings and history of chronic eczema on left leg of long duration, on homeopathic medicine, he was urgently admitted to Belle Vue Clinic and Dr SK Biswas Neurologist called in.

On reaching BVC he regained his consciousness but was disoriented and an urgent CT Brain done which was non contributory to his ill health. His pulse was 55-60/min. His bladder and bowel sense OK, Dr SK Biswas, Examined him and advised to treat him in line of Transient Ischemic Attack and investigate him, so Low molecular wt heparin, Aspirin Clopidogrel and Atrovastatin started and routine blood tests sent, 12 lead ECG, Carotid Doppler study, EEG and X ray chest and MR Brain done. His Vit. B12 level and folate levels were low, all other tests were within normal limits.

REPORTS

1. **MR Brain** (Plain study) examination of brain does not show any abnormality. MR Angio Brain angiography of intracranial vessels reveals no abnormality, No sizeable aneurysm detected.

2. **EEG Awake** records background activity is formed by rhythmic well formed alpha activity at 10-11 c/sec on both sides symmetrically over the occipitoparietal area and also spreading forwards. It blocks partially with eye Opening. Anteriorly low voltage-fast activity is recorded on both sides. Photic stimulation and hyperventilation were uneventful, no spike sharp or slow waves seen. Normal E.E.G record.

3. **2D Echo cardiography** Left ventricular cavity size wall motion and systolic functions are satisfactory. Other cardiac cavity sizes are normal. Valvular morphology and functions normal. Great arteries are normal in size and functions. No pericardial effusion identified.

4. **Duplex Doppler Study of both carotid arteries** - Normal bilateral carotid artery system.

5. **ECG- 1** ECG SHOWS Sinus bradycardia, 2. ECG within normal limits.

6. **Urine report** - within normal limits.

7. **CT SCAN OF BRAIN PLAIN** - NO Obvious abnormality detected in plain CT.

8. **X-ray Chest** - within normal limits.

9. **BLOOD REPORTS-CBC** - HB% 13.4gms% TC 8860 cells / cu.mm P -75% E 1% Lympho 21% Mono

3% Platelets Adequate, ESR 12mm.

10. BLOOD BIOCHEMISTRY-1. AST 11.00IU/L, ALT 10 IU/L. TOTAL BILIBUBIN 0.60mgm/dl, Direct 0.10.

Indirect 0.50 mgm/dl, ALK Phos 61.00IU/L. GT 14.00, TOTAL PROTEINS 6.80mgm, ALBUMIN 3.5mgm/dl, GLOBULIN 3.30mgm/dl, A/G RATIO 1.10 LOW, Ca8.7mg/dl, Na 142mEq/L, K 3.70 ,chloride 109.00, CK NAC 50 IU/L, CPK MB 1.00, UREA NITROGEN 8.00, UREA 17, CREATININE 0.70, URIC ACID - 4.90 , SUGAR RANDOM 86MGM, CHOLESTEROL 135.00, TRIGL YCERIDES 82mg/dl. CHOLESTEROL 128.00, TRIGL YCERIDES 74, HDL 25, LDL 25, VLDL 21 TC/HDLC RATIO 5.10, LDUHDL 3-30.

LIPO PROTEON (a) 32mgm ldl, **VITAMIN B 12- 71pg/ml(normal 180 -914pg/ml) , FOLA TE 3.6ng.ml (normal more than 3.56ng/ml)**

11. BLOOD SEROLOGY VDRL -NON REACTIVE.

12. BLOOD HOMOCYSTEINE LEVEL 14.1

Discharged from Belle vue Clinic on 13/11/07 with diagnosis of - **TRANSIENT ISHEMIC ATTACK WITH VITAMIN B12 AND FOLA TE DEFICIENCY.** Inj. Methycobal 500 mgm IM alt days for 3 Inj and Tab Folvite added to routine Tab Clopidogrel Aspirin, with Atrovastatin, and was advised a weeks rest.

2nd EPISODE

On 20th Nov. 09 he reported me of rectal bleeding after defecation since 18th Nov 09, for which his Clopidogrel Aspirin has to be stopped and after 3days that is on 23 rd nov 09 , He again suffered a transient attack for which he was not admitted and recovered in few hours. This episode too occurred when he attended his office for that day, we repeated his Vit B12 level and folate level which got corrected .A Repeat MR Brain and MR Angio of Brain advised but as he got well so soon so it was not done,

3rd EPISODE

He went to office on 4th dec 09., in the morning he was well, but after going to office immediately had slurred speech and loss of memory and drowsiness which was most remarkable of all previous episodes. He was brought home at 2PM, ... , and an Urgent MR Brain and MR Angio Brain requested but he deteriorated to such an Extent that I had to cancel my chamber rushed to his house.

In his home I found him lying on bed with legs out of bed, he was responding to deep painful stimuli, his pupils were pinpointed and not reacting to light. His neck was soft. No jerks .his Qulse was feeble with rate 50-55/min. BP 90, no jerk could be elicited, planter unresponsive, bladder sense absent as he soiled his clothes on way to Belle Vue Clinic.

On reaching Belle Vue Clinic he regained his consciousness but was confused and speech was slurred, his Pulse was low 50/min, now his pupils become more wider then af home but no reaction to light, which started reacting next day and his size of pupil too became normal. On the admission night one more significant event recorded was his Heart rate on monitor was showing around 10.32 pm about 38/ minute for which he had to be given INJ Atropine IV, then his HR normalised, He underwent Holter monitoring for 48hours which also showed low HR minimum HR 36 beats per minutes 1.07.33A.M , mild sinus delay in few. strips. .

Gradually he improved EEG was also repeated but it was non contributory.

MR Brain, MR Angio done

On 05/12/09 showed intracranial part of both internal carotid arteries show normal course, calibre flow

signal and bifurcation. Both Anterior and Middle cerebral arteries and their visualises branches are normal. Visualises part of both Vertebral arteries and Basilar arteries are patent but tortuous. Both Posterior cerebral and posterior communicating are patent but Left Posterior Cerebral Artery is hypo plastic and Left Posterior communicating artery is dominant.

MR Venogram with in normal limits.

NECK Angiogram

Shows a kink or narrowing in proximal of left common carotid artery about 2.5 distal to its origin.

Extra cranial part of both internal and external carotid arteries are normal.

His memory got clear on 3rd day morning, he could not recollect that whole day of 2nd day though he was conscious, Gradually he started recollecting but was unable to recollect what happened on 4th dec late morning. His 2d echo cardioghy repeated on 5th dec 09 was also with in limits., with ejection frac

tion 66% And no reginal wall motion abnormality. detected. Left ventricle, right ventricle, Left atrium mitral vulve, tricuspid valve, Aorta and Pulmonary artery

BLOOD COUNT

Hb% 12.8gm%, PCV 37.6, Total Erythrocyte count 4.01 millions/cumm, Total Leucocytes count 7000 per cumm, with poly 76%lympho 20% Platelets 193000/cumm,

Liver function test AST 13.00, AI T 12.0 TOTAL BILIRUBIN 0.60, INDIRECT BILIRUBIN 0.50, DIRECT BILIRUBIN 0.01, AIK PHOS 35, GGTP 12, TOTAL PROTEIN 6.30, AIBUMIN 3-30, AIBUMIN 3.00,

NA 140, POTTSSIUM 4.00, UREA 17.0, CREATINE 0.80" AMYLASE 47.00

Vitamin B12 level 378.0 pg/ml folic acid more than 20ng/ml

He is discharged from the hospital in full conscious, oriented, hoemo dynamically stable contition, with diagnosis of Transient global Amnesia, ? Toxic Fume exposure.

Honour of Family Physicians'

It is our regular tradition to honour one most experienced and aged Family Physicians' in every year. This year the name of **Dr. Saraj Kumar Ghosal** has been proposed by Dr. D. Gupta, Dr. P. Jasani and Dr. B.L. Binani. He comes from a respecetable family of Burdwan District and his date of birth is 19th December 1939. He is graduated from R.G. Kar Medical College Hospital in the year 1968. He is our most regular life member who is attending all CME's and executive meeting without fail. He will be felicitated in our annual conference for his most benevolent and selfless service towards our society.