

Ultrasound Scanning of the Proximal Plexus in Diabetic Cervical Radiculoplexopathy

The Editor,

Sir,

A 55-year old man was seen for severe neck pain, numbness in his right upper limb and right shoulder limitation for the last two to three weeks. His medical history revealed hyperlipidaemia for nearly 15 years, smoking (10 packs/year) for 20 years and diabetes mellitus (DM) Type II for six years. He had also been hospitalized for diabetic ketoacidosis one month ago.

On physical examination, neck and right shoulder motions were painful. Manual muscle testing showed weakness of shoulder abductors (0/5), elbow flexors (2/5) and wrist extensors (3/5) on the right side. There was also hypoesthesia at right C5 dermatome. Blood glucose level was 308 mg/dL. Electrodiagnostic evaluations were consistent with C5 (predominantly)-C6 radiculopathy and polyneuropathy. Cervical magnetic resonance imaging (MRI) findings were noncontributory. Ultrasonographic imaging for bilateral cervical roots and the brachial plexus demonstrated a swollen hypo/anechoic right C5 root (Figure). Overall, the patient was diagnosed with poly-

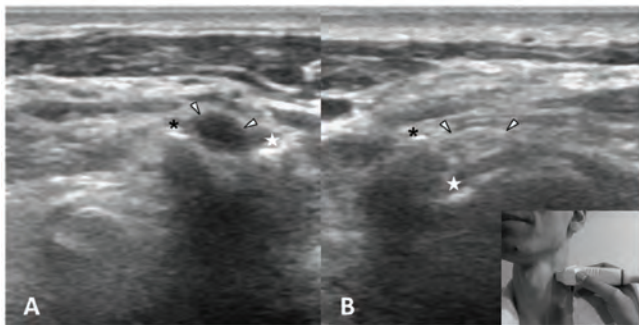


Figure: (A) Axial image at C5 vertebral level reveals swollen hypo/anechoic C5 root (arrowheads) between the anterior (asterisk) and posterior (star) tubercles of the right transverse process. (B) Normal left C5 root. Photograph (inset) demonstrates the probe positioning for cervical root imaging.

neuropathy and acute C5-C6 radiculopathy. A physical therapy programme that comprised hot pack and ultrasound for the shoulder joint, electrical stimulation to shoulder abductors/elbow flexors and strengthening/range of motion exercises for the neck and right upper limb was started. On the control visit (one month later), the shoulder pain was less

and muscle strengths *ie* shoulder abductors (2/5), elbow flexors (3/5) and wrist extensors (4/5) were improved.

Neuropathy is commonplace in DM, occurring in approximately 50% of patients over time (1). Concerning the involvement of plexus or spinal roots, DM is widely accepted to be associated with lumbosacral radiculopathies, very rarely affecting the cervical segments (1). The possible underlying mechanisms for plexopathy are altered immunity (an autoimmune attack on the nerve small blood vessels), hyperglycaemia treatment, immunization, infectious disease or surgical procedures (1). In case of cervical involvement (usually bilateral), proximal shoulder girdle muscles – which are innervated by C5-C6 roots *eg* deltoid, supraspinatus and infraspinatus – are characteristically involved and the lower cervical roots are less affected (2). Electrodiagnostic tests are commonly used for the diagnosis, whereas imaging studies can be contributory as well (1). Likewise, in addition to its well-established use for peripheral nerve injuries, we, herein, would like to highlight the role of ultrasonography for scanning the cervical roots and the brachial plexus. Using the appropriate technique (3), ultrasound may serve as a convenient imaging/screening tool for morphological confirmation of a likely proximal cervical root involvement in DM. It has high spatial resolution and it is quite patient- and physician-friendly (4).

Keywords: Cervical radiculopathy, diabetes mellitus, ultrasonography

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Treatment of Vomiting Attacks in Patients with Williams Syndrome Using Mianserin and Telazine

The Editor,

Sir,

Williams syndrome is a genetic syndrome that comprises developmental delay and heart defects, low muscle tone, widely spaced teeth, a long philtrum and a flattened nasal bridge and premature social relationships. The ratio is 1:20 000 (1, 2). A special treatment approach is not known to change the vomiting attacks, eating disorders and premature social relationships. Here, we wish to put forward that mianserin and telazine combination had positive outcomes in a patient with Williams syndrome.

The patient is a 23-year old single woman who is flirtatious and very social. According to her mother, she focusses on unnecessary things; she shops too much and memorizes the phone numbers from the phonebook. She vomits a lot; anti-emetic drugs are insufficient. She has insomnia. She wants to be alone when she is angry. She has an unrestrained interest in men and always wants to meet with someone. There are grammar mistakes in speech but not errors of logic. She has visual impairment, 7.5 degree myopy, and is astigmatic.

Her vomiting episodes started at 15 years of age. Up to two years of age, she would only eat a cup of baby food for the entire day. In childhood, there was a problem getting her to eat but she would take fruits. She completed her primary school with some special help. Her writing skills were good. After primary school, she could not read any books. Her appearance was different from others and she did not know how to laugh and she had enuresis. Doctors said that she had some muscle issues. When she was 15 years old, her father threatened her and that caused a deep trauma. Because of that trauma, her vomiting problem started (physiologic defect with a deep psychological trauma). Her parents are not related to each other, but are from the same geographic region. Genetic studies revealed deletion in the gene for elastin and she was diagnosed as Williams syndrome.

She could not tolerate the selective serotonin reuptake inhibitor (SSRI) and tricyclic antidepressant (TCA) group of anti-depressives and atypical anti-psychotics that were given by doctors. She started to take mianserin 10 mg but her complaints continued so the dose was increased to 15 mg and 1 mg telazine was added. Her vomiting suddenly stopped and hyperphagia occurred. She gained five kilograms. After

these results, the mianserin dose was decreased to 5 mg per day; the telazine dose was not changed. At this dose, hyperphagia disappeared, trichiniasis and vomiting stopped and she recovered. Her psychological demanding feature and exaggerated social relationships decreased.

We therefore suggest a combination of mianserin and telazine for patients with the above-named complications in Williams syndrome.

Keywords: Mianserin, telazine, Williams syndrome

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DOI: 10.7727/wimj.2012.216

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Initial Bronchoscopic Treatment of Tracheal Schwannoma: A Rarely Seen Tumour

The Editor,

Sir,

Primary tracheobronchial schwannomas are relatively rare neoplasms found in the trachea. Benign types of these tumours were rarer than 0.5% (1). They can present with chronic cough, progressive dyspnoea and obstructive symptoms but they are usually asymptomatic since the mass lesion grows significantly (1).

A 42-year old male non-smoker was admitted to our hospital with dyspnoea on exertion, having no other disease than Type 2 diabetes mellitus. Chest X-ray of the patient is given in Fig. 1. His bronchoscopic evaluation showed a mass lesion covered by mucosa on the left wall occluding 80% of the lumen (Fig. 2A). The left main bronchus was occluded at its entrance by the tracheal mass. The lesion was photocoagulated by diode laser and taken out by core out method. Coagulation with diode laser was repeated to the base to control bleeding (Fig. 2B).