

THIS ISSUE'S MEDICAL QUIZ

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A 29 year old girl comes to you because of 12 days of headache, and left arm and leg weakness. She was well until $8\frac{1}{2}$ months before when she began to have weight loss, diarrhoea, and low grade fever. She'd been to a tuberculosis center in the Valley and was told that she was free of that disease. She had had multiple work-up's of the stool which were all negative. Shortly before the gradual onset of left arm and leg weakness, she noticed blurred vision and photophobia in the left eye. She would not give her precise address, only saying that she was from the hills east of Kethnandu. She had no friend with her.

On exam she was cachectic. Temperature 100.8, other vital signs normal. She was slow to respond to questions but formal testing of mental status was intact. The neck was supple. There was thrush in the oral pharynx. She had scattered $\frac{1}{2}$ cm lymph nodes in both axillae and cervical areas. The left fundus had 4 yellowish patches with surrounding hyperemia and the optic disc margins were blurred. The right fundus was normal there was 4/5 power in all major groups in the left arm and leg and she walked with a limp. Reflexes were slightly hyperactive on the left. Both plantars were downgoing. The heart, lungs, and abdomen were all normal. There was no rash.

A Total and Differential WBC showed 4800 with 92% poly, 7% lymph, and 1% mono. Hematocrit was 26%, ESR 48 mm. Chest X-ray showed no abnormalities. Stool was normal. Mantoux test was negative at 72 hours. A lumbar puncture showed WBC 104 (64% lymph); Protein 204 mg%; Sugar 38 mg%; Gram stain no organisms seen.

- (1) What are the most likely diagnoses ?
- (2) If your suspicion is confirmed, how will you treat her ?

ANSWER

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1. Atrial tachycardia with intermittent AV block. Note that the long R-R cycle lengths are in exact multiples of the short cycle lengths. This rhythm is fairly characteristic of Digitalis toxicity.
2. A later electrocardiogram showed that he was going in and out of complete heart block with a ventricular escape rhythm. A number of concurrent arrhythmias are possible with Dig toxicity. The patient refused admission. The Digoxin was stopped and he was in normal sinus rhythm when next seen in clinic.

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