SHIFA4U
One Stop Healthcare
A PROJECT OF AMERICAN TELEPHYSICIANS

Address: 265, E Block, Johar Town, Lahore 54000, Pakistan
Phone: +92 (42) 111-748-748
Email: info@shifa4u.com
www.shifa4u.com

Patient Name: [redacted]
Age: [redacted]
Gender: [redacted]

EMR # [redacted]
Contact # (Son): [redacted]

DIAGNOSIS: POTT'S DISEASE LEADING TO PARAPLEGIA

Chief Complaint

Lower back ache and Fever x 6 months before the episode of weakness
H/O fall-1 week back before weakness ensued but no immediate weakness after the fall.
Sudden weakness of lower limbs --- Started In December 2014
Urinary and Fecal Incontinence --- Started in December 2014

History of Presenting Illness

History taken from Son - Patient not present at the time of encounter.

Patient was in usual state of health 3 years back when she started having backache and fever. This persisted for six months. The patient and her family thought that these symptoms are due to overexertion and will get better. After a few days she had a fall from stairs which didn't cause any fracture / motor weakness, however, the pain kept increasing with no association of motor loss. According to the son, her mother suddenly developed weakness of lower limbs one day when she woke up in the morning. It started with the weakness of Right limb and then both limbs were numb and were not moving. MRI whole spine was done at Doctors hospital which showed tuberculous spondylodiscitis associated with small abscess pockets in right paravertebral region and epidural spaces compressing upon thoracic cord. Patient underwent multiple investigations and was diagnosed as a case of Pott's Disease. Biopsy reports and other reports attached in the document section.

Seen multiple doctors, all of them advised surgery, but one doctor advised Myrin P forte for the patient at that time. After consensus by the family they agreed for surgery at Doctors Hospital. She was operated on 7th January 2015 and 14th January twice. Firstly, cord decompression D6,7,8 was done followed by pedicle screw, post spinal fixation. Moreover, she underwent D7 ANT CORPECTOMY AND TRANSTHORACIC CAGE FIXATION.

After 1st surgery the Right lower limb was able to move but after the second surgery she was not able to move both limbs. She also lost urinary and bowel control completely.

Physiotherapy was done during the time of admission which included passive range of motion exercises. There were no active movements. For the next 3-4 months physiotherapy continued along with oral medications but there was no response.
Since then both of her legs are unable to move, however pain sensations are intact but there is a loss of bladder and bowel control.

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Patient is wheelchair bound and is undergoing physiotherapy.
Now she has bed sore on Right side of hip. which is grade 1 probably.
Denies other weakness of any other side/ sensation loss, aphasia, fever or weight loss. No cardiac / respiratory issues reported.

Current Medications

Taking Norvasc(amlodipine 5mg x OD),
Gabalin (Pregabalin)150 mg x 1 OD,
Baclin (baclofan)X BID,
Rivotril (clonazepam) X OD,
Depridone(trazadone) X OD,
Cheer Up(escitalopram) X OD

Past Medical & Surgical History

Medical History: HTN +ve for the last 20 years (Taking Norvasc(amlodipine 5mg x OD)
Took Myrin P Forte (Antituberculous Drugs) x total 1.5 years.

Surgical History: Pedicle screw, post spinal fixation and cord decompression D6, 7, 8" on 23/12/2015. Moreover, she underwent D7 ANT CORPECTOMY AND TRANSTHORACIC CAGE FIXATION on 02.01.2015

Family History

Housemaid had a TB - She was living with the patient at the time diagnosis.
Had a chest TB in Grandfather - died many years ago.

Physical Examination

CNS: Well oriented in time and space. GCS: E4M6V5: 15/15. Cranial Nerves Intact.
Motor: Both Lower Limbs paralyzed with power 1/5 of both lower limbs, No response to soft touch, but good response to pain stimuli

Upper limbs 5/5.

Spasticity vs Flaccidity could not be examined

Sensations: Sensation intact for hard touch in lower limbs.

No bowel or bladder control

Face region: No deviation to any of the side, All other cranial nerves intact.

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FINAL RECOMMENDATION BY DR. TARIQ MAHMOOD CONSULTANT NEUROLOGIST

The patient has paraplegia due to old spinal cord injury (myelopathy) at T 8. Unfortunately, there is no known treatment to reverse nerve damage due to old spinal cord injury. Steroids are helpful only if started early at the time of injury of spinal cord.

Plan

1. If there is spasticity or increased tone in lower extremities, I would recommend changing Baclofen to three times a day. If legs are flaccid (no tone), there is no need to continue baclofen.
2. If patient still has pain in lower extremities or in the spine despite being on pregabalin consider starting Gabapentin 100 mg three times a day and increase to 200 mg three times a day after 4 weeks.
3. Continue physical therapy at home to prevent joint contractures.

If patient have any questions or concerns, please feel free to email me.

Thanks

Regards,

Tariq Mahmood, MD

Your case was reviewed in depth by

Dr. Tariq Mahmood

Dr. Muhammad Naveed

Date: 4/15/2018

Please call us 111-748-748 to discuss these results with our physicians at no additional cost. You can also request one free follow up consultation from our Specialist Physicians if you have any additional questions. We wish you a happy healthy day and hope you will take good care of yourself.

Note

Above recommendations are only based on the provided history and clinical data. Please see your regular physician if you have any worsening symptoms. Any additional updates or changes to this document will be reported as an addendum.

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PRESCRIPTION

1. Tab Baclofen 10mg Three times a day
    a. Dose is being Increased
    b. Only In case of Spasticity

2. Cap Gabapentin 100mg Three times a day
    a. If Pain doesn't settle with Pregabalin

3. Patient should strongly consider Physiotherapy

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PATIENT EDUCATION MATERIAL

INTRODUCTION

Pott disease or Pott's disease is a form of tuberculosis that occurs outside the lungs whereby disease is seen in the vertebrae. Tuberculosis can affect several tissues outside the lungs including the spine, a kind of tuberculous arthritis of the intervertebral joints.

The lower thoracic and upper lumbar vertebrae are the areas of the spine most often affected. The formal name for the disease is tuberculous spondylitis and it is most commonly localized in the thoracic portion of the spine.

Pott's disease results from hematogenous spread of tuberculosis from other sites, often the lungs. The infection then spreads from two adjacent vertebrae into the adjoining intervertebral disc space. If only one vertebra is affected, the disc is normal, but if two are involved, the disc, which is avascular, cannot receive nutrients and collapses. In a process called caseous necrosis the disc tissue dies leading to vertebral narrowing and eventually to vertebral collapse and spinal damage. A dry soft tissue mass often forms and superinfection is rare.

Following tests can be done for Diagnosis

1. CBC, ESR
2. Tuberculin skin test
3. CT SCAN
4. MRI
5. BIOPSY

Prevention

Controlling the spread of tuberculosis infection can prevent tuberculous spondylitis and arthritis. Patients who have a positive PPD test (but not active tuberculosis) may decrease their risk by properly taking medicines to prevent tuberculosis. To effectively treat tuberculosis, it is crucial that patients take their medications exactly as prescribed.

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Management

- Non-operative – anti-tuberculous drugs
- Analgesics
- Immobilization of the spine region using different types of braces and collars
- Surgery may be necessary, especially to drain spinal abscesses or debride bony lesions fully or to stabilize the spine.
- Thoracic spinal fusion with or without instrumentation as a last resort
- Physical therapy for pain-relieving modalities, postural education and teaching a home exercise program for strength and flexibility
- New Clinical Trials are undergoing but nothing conclusive and promising till now.

Outcome

- Vertebral collapse resulting in kyphosis
- Spinal cord compression
- Sinus formation
- Paraplegia (Pott's paralysis)

Prevention of Bed Sores

Bed sores often happen when a person is on the bed for a long time and is not able to move, even side to side to change position. In such a case, bed sores can be pretty common and cause various health risks, as they lead to infection. In serious cases, they could lead to complicated health issues. Bed sores are also known as pressure sores and mainly appear around the lower back, the back of the head and the hips, as these areas get the maximum amount of pressure from the patient's body. However, keep checking all other areas regularly in case any sores appear there. In case the patient is able to move even a little bit, encourage them to do so as often as they can, even if a little. In case there are any types of complications, you can ask the doctor or the professional caregiver to show you how you can help the patient move in the bed.

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PHYSIOTHERAPY SERVICES INFO

We also provide physiotherapy services which includes Orthopedic and Musculoskeletal Disorders and Neuro-Rehabilitation.

Neuro-Rehabilitation

Neurological rehabilitation is a specialized form of physiotherapy. These programs are designed for people with disorders of the central nervous system such as Stroke, Parkinson's, Nerve injuries and Traumatic brain injuries, etc. Neuro Rehab can also include Autism and Autism Related Disorders. Neurological rehabilitation will improve function, reduce symptoms of spasms, spasticity, and/or tone, and improve the well-being of the patient. Neuro rehab will also encompass the caregivers to assist the patient in recovery.

Orthopedic and Musculoskeletal Disorders

This includes painful dysfunction and problems originating from muscles, ligaments, tendon, nerves and joints. We have Physiotherapists who specialize in orthopedic and musculoskeletal disorders. They provide specialized treatment to patients to assist in return to prior level of function with a goal of no pain or a much less degree of pain.

Call us at 111-748-748 for further details.

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Physician's Profile

DR TARIQ MEHMOOD

- Dr. Tariq Mahmood is an American Board Certified Neurologist currently practicing in Union City Maryland. He completed his medical education at King Edward Medical College, Lahore followed by his residency in Neurology at SUNY Upstate Medical University, Syracuse, NY. He then completed his fellowship in Clinical Neurophysiology (EMG & EEG) at same institute and then moved to Maryland.
- Dr. Mahmood has strong interest and expertise in seizures, epilepsy, multiple sclerosis and neuromuscular diseases and has published his work in peer viewed journals.