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OSMOTIC DEMYELINATION SYNDROME: SURPRISING RESULTS OF COMBINED IMMUNOTHERAPY (PULSE THERAPY, PLASMAPHERESIS AND IMMUNOGLOBULIN)

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A 42 year old male patient with a new onset seizure, he is a Chronic alcoholic; bariatric surgery 10 years ago, without follow-up; on the use of escitalopram 10mg (report of bipolar affective disorder) and thiazide diuretic for hypertension. There are 15 days with uncontrollable sobs, self-medicated with clonazepam, the story of potomania. Severe hyponatremia (96mEq/dL) was detected and hypertonic saline correction was instituted. In view of the factors involved in the patient's dysnatremia, it evolved with rapid increase in serum sodium (18 mEq in less than 24 hours). With clinical-laboratory improvement, received medical discharge after a few days; readmitted after five days with gait in petit pas, dysphagia, bradykinesia, holocranial headache and pseudobulbar humor. Brain resonance showed ODS finds. Pulse therapy with methylprednisolone was made for three days, followed by plasmapheresis for five days and three days of immunoglobulin. Patient was discharged approximately one month after the first symptoms in oral diet progression; wandering with help. After three months, could walk without help, had better of disphonia and dysarthria.

BIOGRAPHY

Marianna P M de Moraes has completed her medical residency in Neurology at the age of 30 years. She had clinical practice in general Medicine for almost 6 years and about 10 years have been studying and searching about Neurology. She is writing for the PubMed website, at Neurology section about general topics.

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