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And Finally Was A Demyelinating Disease

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Personal history and reason for inquiry:
41 years old male. Smoking 1 pack a day. No known drug allergies or personal history or family of interest, see in the Emergency Department by picture of one week of evolution of sense of stupidity of right hand, right facial involuntary movements and difficulty for the speech of seconds of duration and spontaneous resolution.

Physical examination:
At the time of care asymptomatic, blood pressure 160/95. Heart rate: 100 BPM. eupneic at rest, without respiratory work.
- Cardiac auscultation: Rhythmic and regular 100 BPM. No puffs or rods.
- Respiratory auscultation: Hum Vesicular preserved. No pathologic noise.
- Neurological examination: it only highlights loss of 4/5 level right arm strength.

Complementary tests:
- Chest x-ray: normal ICT. Without images of condensation or infiltrators.
- Analytical income: findings of interest.
- EKG: RS at 100 BPM. Unaltered driving or the Repolarization.
- Fibrobroscopy existence of intermittent laryngeal spasms of seconds long with intermittent right vocal cord paralysis.
- Skull CT: without existence of significant injuries.

Evolution:
The patient is derived to the high consultation of Neurology with antiplatelet therapy (acid acetyl Salicilic 100 per 24 hours). Once valued at Neurology consultation indicated the realization of:
- NMR: existence of three lesions in white matter, of larger size located in posterior capsule arm internal left of ovoidea morphology and disposition perpendicular to the major axis of the lateral ventricles. The other two lesions also appear perpendicular to the major axis of the lateral ventricles, for atrial to ventricular and left parietal left. The lesions are enhancement and appear moderately hypointense on T1 sequences. In cervical cord injury free.
- Lumbar puncture: (BOC) positive CSF Oligoclonal bands.
- Evoked potentials: altered PESS and PEM in four members.

The patient is diagnosed with a first episode with BOC, demyelinating disease + and evoked potentials altered, beginning treatment with glatiramer acetate.

Conclusions:
The clinical presentation of the disease is not the most common. The absence of lesions or findings in emergency TAC does not rule out the existence of neurological pathologies so it is advisable to complete study of the neurological pictures later on an outpatient basis by Neurology in consultation.