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Ishaq Khan, S. I. Ahmad Qureshi, Mansoor. A Sheikh. Imran Mansoor, Shahida M.

Acute motor axonal neuropathy (AMAN) is an autoimmune based non inflammatory destruction of axons of motor nerve cells. It is preceded by infection by campylobacter jejuni or Hemophilus influenza. AMAN is a subtype of Guillain-Barre Syndrome (GBS). In these inflammatory diseases the myelin sheath is not affected, an earlier treatment is associated with good prognostic outcome. Loss of coordination, sensory manifestations, tendon reflexes (knee jerk) progressive motor weakness, impaired oculomotor function. In most of cases, Intravenous immunoglobulin and physiotherapy could help in complete resolution of symptomatology in 5-7 days. A fractional cases go on to observe improvement in moment and functional aptitude up to four years post-diagnosis. Mr. Gull a 50 years old tailor by profession, had several working hours for the last 10 days to prepare dress for upcoming festival, with

insufficient rest. Meanwhile developed fever sore throat body pains and loose motions, He documented with impaired hand grip, fear to fall, dysmobility coordination and fatigue ability, chest pain and breathlessness. He used on counter sale drugs for almost a week but found no improvement in manifestations. He was immediately treated in intensive care unit(ICU) with a high dose of intravenous immunoglobulin (IVIg) mechanical ventilation to support respiratory muscles weakness. Frequent airways cleaning, change of posture, passive moments and physiotherapy and rehabilitation guidelines given. In order to counter development of contratures, pressure ulcers deep vein thrombosis. He remained in ICU for almost 2 weeks, guided before discharge regarding rehabilitation and safety protocols. On complete medical examination no concomitant health problem found.

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Imaging studies as of Leading Significance in Stroke & Space Occupying Lesion of Brain

Ishaq Khan, S. I. Ahmad Qureshi, Mansoor. A Sheikh. Imran Mansoor, Shahida M.

Computed tomography (CT) scan

Computed Tomography (CT) is a computer supported X rays imaging procedure where intended part of patient is exposed. Then rapidly turned the body the generated signals are processed by computer to make cross sectional images. These images are piled together to shape three dimensional images of patient. These images taken at high resolution can yield better information about infarction and tumor.

Magnetic Resonance Imaging (MRI)

MRI is a medical imaging technique employed to figure out pictures of the anatomy and the physiological processes of the body. These scanners make use of well-built magnetic fields, radio waves and gradients, to generate images of the organs in the body

During pregnancy CT images have no contraindications if there is no exposure of abdomen & pelvis. Patients with renal diseases may not be advised imaging for contrast, as these materials could worsen kidney damage. Children are relatively more

vulnerable to radiation hazards/ therefore imaging equipments should have safety arrangements installed to render it risk free.

Diffusion- and Perfusion-Weighted MRI(DWI/PWI)

DWI/PWI is novel biomedical technology. This sophisticated imaging procedure is principally useful in tumor description and cerebral ischemia. DWI abnormalities typically progress into infarction in humans, and correspond to the ischemic core. PWI, on the other hand, provide information on the hemodynamic status of the tissue and can detect impaired perfusion in both the ischemic core and the surrounding brain regions, thereby complementing the information derived from DWI

In the early hours of stroke, brain tissue with irregular perfusion weighted image (PWI) is relatively larger than diffusion weighted image (DWI). This pathological variance in tissue at risk of ischemia is alarming. Assessment of disparity of infarcted tissue could help in diagnostic and prognostic outcome.

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CASE REPORT

DYSTONIC TREMOR

Ishaq Khan, Mansoor. A Sheikh, S. I. Ahmad Qureshi, Imran Mansoor, Shahida Mansoor

In the pathogenesis of movement disorders cerebellum plays a pivotal role. The main output spot is dentate nucleus in cerebellum. In the postural dystonia being abnormal muscle contraction resulting postural abnormality of face, neck, limbs and trunk. Diagnostic challenges are posed in diagnosing dystonic tremor from essential tremor, physiological tremors, psychological tremors, parkinsonian tremors and orthostatic tremors.

Dystonic tremor is associated with shaking movements of head and neck muscle. In case contractions are regular and balanced on both right and left side. Then this clinically is characteristic of essential tremor. In cervical dystonia (spasmodic torticollis) due to passage of erratic signals from brain to neck muscles head and neck will deviate to one side than other. In Dystonic hand tremors there is writing disability due to shaking movements of hand and fingers. Dystonic vocal tremor is associated with garrotic sound due to involuntary spasm of laryngeal adductor

muscles. In case of involuntary spasm of the adductor muscles, a whispery voice due to overactive abductor muscles is observed. laryngoscope examination of vocal cord could help in detection of vocal cord moments.

A female patient age 26 years developed neck stiffness with agonizing pain specifically during work. Earlier to illness with no history of movement disorders. She developed a stiffness and tremor left side of neck and shoulder. Affected side had prominent neck muscles. She had insomnia restlessness fearful and panic. She was medicated with anxiolytics and muscle relaxants, but with minimal improvement. She had no history of surgery, head injury, drugs allergies. MRI brain scan had no abnormality. Then she was medicated with trihexylphenidyl and clonazepam with minimal improvement. Later treatment included botulinum toxin(Botox) injections, which has significantly help in reducing intensity of tremors.

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Pathophysiology of Low Backache

Ishaq Khan, S. I. Ahmad Qureshi, Mansoor. A Sheikh. Imran Mansoor, Shahida M.

Abstract

Low backache (LBA) is a chronic pain disorder in the lower part of back lingering for minimum of three months. Worldwide it is the major cause of absence of workforce loss of working hours and economic loss that may linger on for longer. Stress, anxiety with depression may further complicate the clinical picture.

Introduction

LBA is an important cause of human morbidity, therefore it is important to diagnose and plan treatment. Pain might arise from nerve roots, muscle attachments, abdominal cavity, bones joints and intervertebral discs. A detailed history followed by clinical examination is important to find out the cause of pain. Pain lasting more than six weeks should have magnetic resonance imaging (MRI). As per research, MRI lesions in descending order of frequency are degenerated bulge, herniated disc and spinal stenosis. For LBA problem, thousands of X-Rays, CT and MRI scans have been performed yearly. Work loss in time ranges from days to weeks amounting to loss of billions of dollars in productivity.

During rest and moment supporting ligaments help in avoiding damage at time of hyperflexion and hyper extension.

Zygapophyseal joints in between vertebral bodies flanked by intervertebral disc facilitate the mobility of the vertebral column.

Main integration site of sensory nerve is in dorsal horn of spinal cord. These nerves are grouped into facilitating and inhibitory pathways. When injurious stimuli continue then pain becomes chronic. In fact, minimal changes in posture could easily drive long-term inflammation in the joints, ligaments, and muscles. All are involved in the stability of the low back column, contributing to both peripheral and central sensitization. Furthermore, joints, discs, and bone are richly innervated by delta fibers whose continuous stimulation could easily contribute to central sensitization. The most important cause of low back pain is muscle spasm and muscle tension, resulting from Spinal stenosis, fibromyalgia. Disc herniation produce inflammation in dorsal roots spreading to buttock termed as radicular

pain. Moreover impairment of motor nerve fibers leads to diminished reflexes. Although radiculopathy and radicular pain often accompany one another, radiculopathy may be experienced without pain and vice versa. Patient description of radicular pain coupled with physical examination indicates lumbar disc herniation. This may be confirmed by MRI or Computed tomographic scan.

Facet joint syndrome is LBP with or without somatic referral to the legs terminating above knee repeatedly radiating to groin or thigh. Pain is more on flexion, bending also long standing. X rays lumbar spine may show column instability. Pain arising from sacroiliac joint could be due rheumatic diseases. On MRI findings of bilateral inflammation and particular effusion is sufficient evidence of rheumatic disease.

Lumbar spine stenosis is evidenced by gradual narrowing of central spinal canal, hardness of neuromuscular structures and tapering of spinal lateral process. Clinical manifestations are central back pain, muscle weakness limping gait and pricking or burning sensation. Pain is relieved on sitting, lying, and flexion or stooping. It is worsened

by lumbar extension or long standing. There is motor weakness, radiculopathy on bendy moments and impaired sensation.

Vertebral disc degeneration is designated as the primary cause of low back pain. In nearly 39% cases it occurs exclusively of spinal deformity. Inflammation of disc by pro inflammatory degradation enzymes and cytokines and anaerobic bacterial invasion, growth of sensory nerves are additional cause. MRI could show edema in vertebral end plates and vertebral narrowing.

Conclusions: Low back pain being the compelling manifestation motivating persons look for treatment. It has tremendous socio economic impacts.

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CASE REPORT

PARONOID PERSONALITY DOISORDER

Ishaq Khan, S. I. Ahmad Qureshi, Mansoor. A Sheikh. Imran Mansoor, Shahida Mansoor

Paranoid Personality Disorder (PPD) PPD is one of a group of conditions termed Cluster A. Such Individual has eccentric personality disorders associated with abnormal thinking and behavior. Notable manifestations are suspiciousness, distrust, misconception to be under guard to disgrace, harm or intimidate. Assuming hidden meaning in the blameless comments, observe others with hasty look insinuate impractical attack on others morality, continual doubts about spouse. Highly reserved in social life. A PPD individual is irritable, resentful, prejudiced decline to disclose personal information, fearing may retaliate. At 18 years of age PPD continue to advance, therefore conclusive diagnosis could be made. PPD is relatively rare; Researchers estimate that it affects 0.5% to 4.5% of the general U.S. population. People with PPD do not experience hallucination or delusion as those with schizophrenia, schizoaffective disorder. Usually, PPD individuals are from low income background, divorced, separated or unmarried. According to research, early age PPD individuals have neglect in emotional, physical caring. Could result in anxiety with

or without depression therefore, individuals with All these PPD look for care.

Detailed history will disclose early childhood Emotional & Physical Neglect care. Psychotherapy focuses on increasing self confidence, understanding, humanizing social interaction, communication, attitude and self respect. In the event of severe anxiety with or without depression anti psychotic drugs may benefit. Cognitive behavioral therapy to build up social interaction and positive thinking.

Case Study PPD: 26-year-old student developed rigorous depression after he fired from work. His family members for insomnia aggressiveness undue gaze fear distressing hatred others. In early childhood bullying other children mounting to aggressive attacks at minor conflicts. He has only one friend co professional driver Mr. Shani case study highlights description of paranoid personality. Seeking treatment when he got depression and fired from job. Got severe conflicts at home, aggressive behavior and panic attacks.

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