

Acute brainstem syndrome secondary to malnutrition from functional dyspepsia

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Abstract

Brain stem syndrome may be a condition commonly characterized by limb weakness, ophthalmoplegia, and gait disturbances. The common causes of brain stem syndrome are ischemia, neoplasia, demyelination, infective and hamartomatous lesions within the brain. Imaging ideally with an MRI scan is sometimes diagnostic in most cases and possibly following other investigations to spot systemic abnormality or CSF changes before appropriate therapy will be introduced. A 42yr old Caucasian lady presented with nonspecific symptoms like lethargy, malaise, was off food for a pair of months and had lost a substantial amount of weight (4 stones = 25.4kgs). She was admitted to the hospital with nausea and vomiting for some weeks and complained of a lump in her throat. Gastroscopy was unremarkable. She also complained of sudden onset of visual impairment for the previous few days and examination showed vertical Nystagmus. She also complained of bizarre sensation in her feet and soreness within the bottom of her feet when she stood up.

There was no obvious limb ataxia, absent lower limb tendon jerks but flex or planters and intact objective peripheral senses. Gait was unsteady while walking with eyes open but was better with eyes closed. The patient was lucid the entire time. During the course of the stay within the hospital, the patient developed Oscillopsia. She underwent an MRI scan which was unremarkable. She was investigated for autoimmune cause including GQ1b for miller Fischer syndrome and Paraneoplastic screen to analyze the burden loss. spinal puncture which was performed which showed a protein of 0.69 and also the remainder of the values are normal. She was transferred to a tertiary neurology center. supported her clinical examination finding and MRI report she was diagnosed with brain stem syndrome secondary to malnutrition because of functional dyspepsia. She was seen by the dieticians and NG feed was started.

Typically, cyclic vomiting occurs during a child aged 2–7 years (with a possible range from infancy to mid-life), who is freed from vomiting between episodes. However, like their relations, these children often complain of migraines, ill, and other functional bowel disorders. During vomiting episodes, accompanying signs and symptoms include pallor, weakness, increased salivation, abdominal pain, intolerance to noise, light or odors, headache, diarrhea, fever, tachycardia, hypertension, skin blotching, and leukocytosis. A triggering factor (emotions, infection) will be identified in 80% of cases.

medical diagnosis should include brain stem tumors, obstructive uropathy, peptic disease, recurrent pancreatitis, intermittent bowel obstruction, chronic intestinal pseudo-obstruction, and familial dysautonomia. Among metabolic and endocrine diseases, those which can mimic cyclic vomiting include pheochromocytoma, adrenal insufficiency, diabetes, urea cycle enzyme deficiency, medium-chain acyl coenzyme A dehydrogenase deficiency, propionic acidemia, and porphyria. Once there's a confident diagnosis of IBS, treatment goals are to supply effective reassurance and symptom relief.

The presence and severity of the pain should be acknowledged. The clinician must educate and reassure the kid and family that although IBS causes discomfort, it's not a heavy disease. A review of the present understanding of IBS and also the exacerbating effects of stress and anxiety on the matter helps the kid and family to grasp why the pain occurs.²⁷ Psychosocial difficulties and triggering events for symptoms should be identified and tackled. Drug therapy plays an adjunctive role in treatment. Tricyclic antidepressants like imipramine or amitriptyline in low doses improved symptoms in adults with IBS in controlled, blinded studies.²⁸ 29 These drugs are used for many years for chronic visceral pain by pain management specialists, but there are only anecdotal reports concerning their use in children with chronic abdominal pain. As amitriptyline has greater sedative and anticholinergic effects than imipramine, amitriptyline could also be an improved choice for youngsters who awaken at midnight with pain, or for kids with a diarrheal component to their disorder. Imipramine could also be a far better choice than amitriptyline for youngsters with constipation; at the low doses recommended for chronic visceral pain, chronic constipation isn't exacerbated. Anticholinergic medications like dicyclomine, hyoscine, mebeverine, and octylonium are used for his or her antispasmodic properties. There are not any handy studies confirming efficacy. In those with constipation, increased dietary fiber (recommended daily fiber intake = age (years) + 5 g), milk of magnesia, or oil is also a helpful adjunct.

In children mature enough to produce an accurate pain history, the clinician conducts an interview which has queries about dietary, psychological, and social factors. The clinician determines whether symptoms are likely to represent mucosal disease (esophagitis, gastritis, duo denitis, ulcer. Demographic and familial data should raise suspicion of Helicobacter pylori infection .Endoscopy will confirm or

eliminate these diagnoses. A previous episode of virus infection may suggest post-viral gastroparesis. Measuring serum amylase, lipase, and amino transferase concentrations likewise as performing an abdominal ultrasound, aid in assessing the presence of pancreatic, liver, or biliary disease. In functional dyspepsia, physical examination and growth aren't anyrml and there are no signs of inflammatory bowel disease. There aren't any controlled treatment trials for functional dyspepsia in children..

Prokinetic drugs like cisapride could also be helpful for feelings of fullness and metoclopramide may alleviate nausea. Medication and food known to aggravate symptoms should be discontinued. Histamine receptor antagonists, proton pump inhibitors, sucralfate, and low dose tricyclic antidepressants are used. If psychological stress aggravates symptoms, the clinician and family should collaborate on an inspiration to scale back the strain.

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