Neurology

A woman with language disturbance

B Menon, B Vengamma

Answers on page 342.

A 42 old year right handed woman presented to the emergency services with sudden onset of weakness of the left upper and lower limbs with inability to speak in the past 24 hours. She had type 2 diabetes mellitus for the past five years and was normotensive. Her birth and developmental history was normal. She had studied until 10th standard (12 years of education) and spoke only her mother tongue. She did not have any childhood brain damage. General examination was normal. She was conscious and had a non-fluent aphasia with impaired comprehension and intact repetition. She was unable to read and write. She had Medical Research Council (MRC) grading 4+ weakness on her left upper and lower limbs. Plantar response was extensor on the left side. Her haemogram and renal function tests were normal. Her fasting and postprandial plasma glucose was 7.2 mmol/l and 11.7 mmol/l respectively. Her lipid profile showed hypertriglyceridaemia (7.7 g/l) and hypercholesterolemia (2.2 g/l). Figure 1 shows the computed tomogram of the head at admission.

QUESTIONS
(1) What does the patient’s computed tomogram show?
(2) What is her language dysfunction?
(3) How can her language dysfunction be explained on the basis of the computed tomogram?
(4) What would be the recovery profile of this patient?

doi: 10.1136/pgmj.2004.022855

Authors’ affiliations
B Menon, B Vengamma, Sri Venkateswara Institute of Medical Science, Tirupati, India

Correspondence to: Dr B Menon, Department of Neurology, Sri Venkateswara Institute of Medical Science, Tirupati, Andhra Pradesh, India 517507, bindumenon_2003@yahoo.com

Submitted 7 April 2004
Accepted 18 May 2004

IMAGES IN MEDICINE

White retinal vessels

A 69 year old woman with a history of diabetes mellitus presented with acute abdominal pain, nausea, and vomiting. Clinical, laboratory, and radiological findings were consistent with a diagnosis of acute pancreatitis. Fundus examination showed a milky-white discoloration of some blood retinal vessels in both eyes (fig 1). This ophthalmoscopic appearance, termed lipaemia retinalis, is an unusual retinal manifestation of hypertriglyceridaemia and occurs only in pronounced raised concentrations of serum triglycerides. Our patient had a triglyceride concentration of 82.64 mmol/l (reference <2.03 mmol/l). She made an uneventful recovery, and one week after admission triglycerides decreased to 6.17 mmol/l while the creamy-white appearance of retinal vessels reverted to normal.

N Akritidis, E Galiatsou, K Paparounas
Department of Internal Medicine, Hatzikosta General Hospital of Ioannina, Greece

Correspondence to: Dr K Paparounas, Department of Internal Medicine, Hatzikosta General Hospital, 45001 Ioannina, Greece; kostpap@otenet.gr

REFERENCE
White retinal vessels

N Akritidis, E Galiatsou and K Paparounas

Postgrad Med J 2005 81: 341
doi: 10.1136/pgmj.2004.026872

Updated information and services can be found at:
http://pmj.bmj.com/content/81/955/341.2

These include:

References
This article cites 1 articles, 0 of which you can access for free at:
http://pmj.bmj.com/content/81/955/341.2#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections

- Ophthalmology (101)
- Pain (neurology) (231)
- Diabetes (141)
- Metabolic disorders (221)
- Lipid disorders (15)
- Pancreas and biliary tract (66)
- Pancreatitis (18)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/