

Neurology

A woman with language disturbance

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Answers on page 342.

A 42 year old 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?

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Figure 1 Computed tomogram shows infarct in the right posterior parietal area.

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IMAGES IN MEDICINE

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White retinal vessels

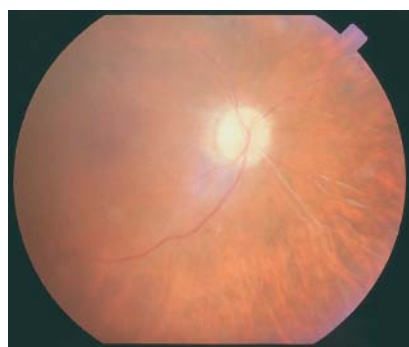


Figure 1 Fundus photograph showing cream coloured retinal blood vessels attributable to lipaemia retinalis. Vessels with normal reddish hue and other with mixed red and creamy-white appearance are also evident.

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.¹ 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.

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REFERENCE

- 1 Vinger PF, Sachs BA. Ocular manifestations of hyperlipoproteinemia. *Am J Ophthalmol* 1970;70:563-73.