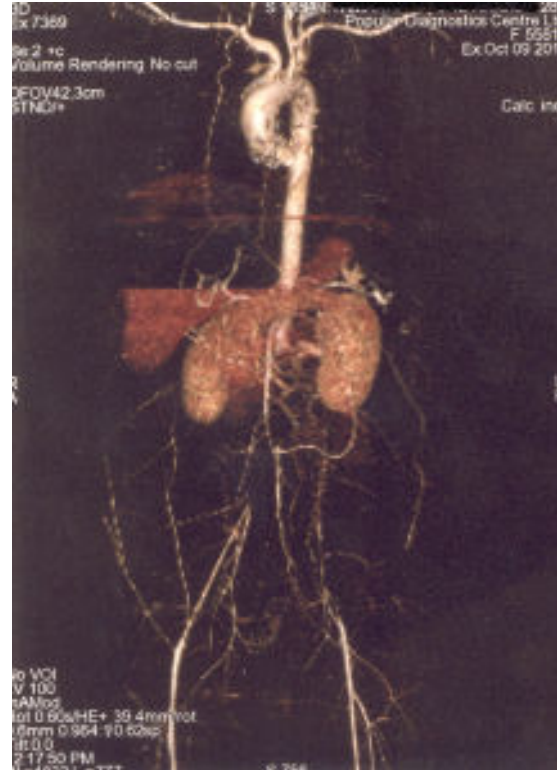
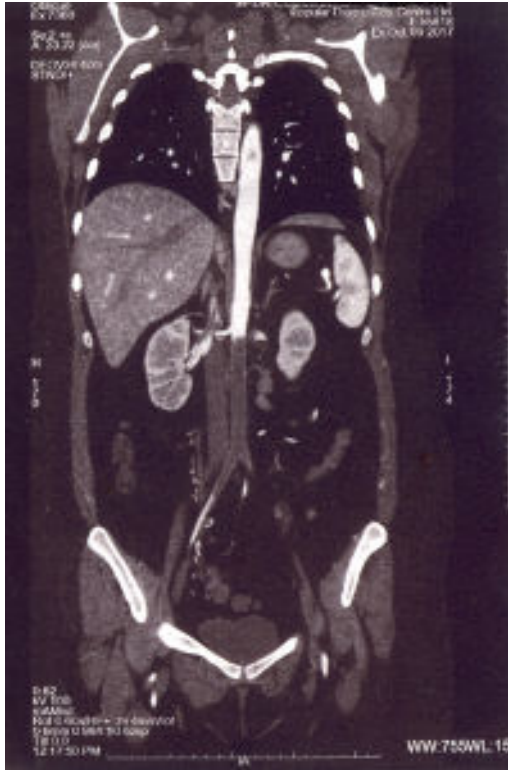


A Young Female with Pain and Weakness of Lower Limb

IB REZA^a, HT HOSSAIN^b, E ZARIN^c, T MIAH^d, SAN ALAM^e, HAMN AHASAN^f

(*J Bangladesh Coll Phys Surg 2017; 35: 200-201*)



A young female of 28yrs presented with complaints of rapid development pain and weakness of the both lower limbs. Her asymmetrical weakness progressing gradually. She was a known case of nephrotic syndrome

since her 3 yrs of age. Renal biopsy was done and histopathology reports showed Focal Segmental Glomerulonephritis. Her nephrotic syndrome was never well controlled. She had frequent relapses and was treated with multiple cycle of steroids and cyclophosphamide.

On examination appearance was cushingoid, Peripheral pulse were present. There were no muscle wasting. Muscle power was initially 3/5 in the right lower limb and 4/5 in the left lower limb, Reflexes were non-responsive on the right lower limb but normal on the left lower limb. Planter was nonreactive on the right side but flexor on the left side. Sensory was impaired upto knee on the right side and dorsum of the foot of the left side. Some skin lesion

- Dr. Ishrat Binte Reza, Registrar, Medicine, Popular Medical College Hospital, Dhaka.
- Dr. Homayra Tahseen Hossain, Associated Professor, Medicine, Popular Medical College Hospital, Dhaka.
- Dr. Esrat Zarin, Assistant Registrar, Medicine, Popular Medical College Hospital, Dhaka.
- Dr. Titu Miah, Professor, Medicine, Dhaka Medical College Hospital, Dhaka.
- Dr. S. A. Nurul Alam, Former Professor, Vascular Surgery, NICVD.
- Dr. HAM Nazmul Ahasan, Professor, Medicine, Popular Medical College Hospital, Dhaka.

appeared over the dorsum of the feet and legs of both limbs which were thought to be vasculitic lesion. MRI of spine appeared normal. NCS was in favour of mononeuritis multiplex.

Common causes of paraplegia were excluded by doing some relevant investigation e.g. ANA, C-ANCA, P-ANCA, Protein-C, Protein-S. Co-relating present presentation with Nephrotic Syndrome CT angiography was done which showed evidence of long segment

thrombus in the aorto-iliac territory extending from infra-renal segment of abdominal aorta to both Lt>Rt iliac region. No definite evidence of dissection or aneurysm is seen. Evidence of appreciable collateral are connecting with femoral arteries reconstitution ileo-femoral circulations. Cause of the thrombus was thought to be thrombotic complication of nephrotic syndrome. Patient was given supportive treatment and for thrombus two option of treatment were advised, continue the conservative treatment and interventional therapy.