

SPINAL DURAL AVF – THE RED HERRING: CHALLENGES IN DIAGNOSIS IN RURAL AREA. A CASE REPORT

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Content:

Aim/Background:

Thorough history clerking and clinical examination were important in getting the correct diagnosis for precise treatment. Although there was improvement in technology, language barrier and clinical suspicion remain the main challenges. Here we present a man who came with lower limb weakness with lumbosacral MRI showing spinal dural arterio-venous fistula (AVF), which later turned out to be positive for rabies.

Method:

Poster presentation

Result/ Case Presentation:

A previously healthy 50 years old man from the deep interior part of Sarawak presented with 5 days history of progressively worsening and ascending paraparesis with dyspnea requiring intubation. History taken from the family revealed no trauma or infective cause. However, there was language barrier as the patient family could only speak their mother tongue and not the common indigenous language like Iban. Bilateral lower limbs were hypotonic and areflexic with power of 0/5. Sensation was reduced from T8 and below. Whole spine MRI showed spinal dural AVF from T4 to T11. Thus, the case was referred to us. However, from our assessment, we came to the diagnosis of Guillain-Barre Syndrome and was referred back to the medical department. He was admitted for IVIg but during the stay, he developed rapidly progressively ascending flaccid paralysis requiring intubation and mechanical ventilation and hypersalivation, of which the saliva for positive for rabies.

Conclusion:

In this case the spinal dural AVF became the red herring that mislead us from getting the correct diagnosis initially. Although, rabies is virtually 100% fatal, timely management might have helped the patient. Time constraint due to high workload with minimal workforce should not limit us from taking a good history and performing a thorough examination.