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Diagnostic Problem

A. Strong
B.A. (Oxon), M.B., Ch.B.

Abstract
SUBJECT: Miss A. B ., aged 18. Right handed.

PRINCIPAL COMPLAINTS: Tremor, paraesthesiac, obesity, headache.

HISTORY
(1) Tremor, impairment of fine movements and paraesthesiac of the right side, principally of the arm. The tremor worst at rest and exacerbated by concentration. Three months' duration and steadily deteriorating.
(2) Increase in appetite and weight and excessive thirst for three weeks.
(3) Frontal headache on rising in the morning for the past three weeks.
(4) General medical and family histories negative.

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a viable state, but much greater reliability would be required before they could justify so great a delay in a case of human transplantation.

The immunological battle is the central and most difficult problem to be solved. Improved methods of tissue matching, and more specific immunosuppression probably along the lines of antilymphocytic globulin, will no doubt be developed, but there remains the immunologist's dream that specific tolerance to an organ transplant may one day come within the bounds of clinical possibility.

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DIAGNOSTIC PROBLEM

SET BY A. STRONG, B.A.(Oxon), M.B., Ch.B.

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GENERAL EXAMINATION

A tall, obese girl: otherwise negative: blood pressure normal.

NEUROLOGICAL EXAMINATION

1. Intellect not significantly impaired: no intracranial bruits: no papilloedema.
2. Slight slurring of speech.
3. Mild right facial weakness of central pattern.
4. Sensation depressed on right side of face and right arm.
5. Severe resting tremor of right arm and leg.
6. Increased tone of right limbs: equivocal right plantar response: drags the right foot on walking.
7. No inco-ordination or rombergism.

INVESTIGATIONS

Routine haematology and biochemistry normal; CSF pressure and protein normal.

Serum cortisols: (a) 11 p.m. — 8 μg/100 ml. (b) 9 a.m. — 11 μg/100 ml.

A. Where is the lesion and what is it likely to be?
B. What neurological investigations are required?

FURTHER PROGRESS

After investigation a diagnosis was made and in view of her rapid deterioration the patient underwent craniotomy in an attempt to arrest the expansion of her lesion. During surgery there was marked venous oozing. Postoperatively she was slow to recover consciousness and suddenly deteriorated 18 hours later. Re-exploration showed an accumulation of clot from recurrent venous oozing. She remained deeply unconscious and some 24 hours later developed an intense jaundice: urobilinogen and bilirubin appeared in the urine. Prothrombin activity was 29%, S.G.P.T. 570 I.U., serum indirect bilirubin 2.5 mg/100 ml, direct 5.7 mg/100 ml. Bleeding time was 9 minutes: no increase in fibrin degradation products: direct and indirect coombs' tests negative: slight depression of vitamin K — dependent coagulation factors (II, VII and X). In spite of treatment including triple strength plasma and vitamin K1 her condition deteriorated and she died 6 days after operation.

C. What was the cause of her jaundice?

(Answer on page 48)