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Neurology Second Opinion - Full Chart Review

Date: 2022-12-28

Patient: Jane Doe

Discussion:

Dear Ms. Doe,

Thank you for letting us review your case. I have reviewed the detailed examination performed by Dr. Ravi Chandler, lab results, and MRI reports. I have reviewed the MRI images in detail as well. From your reporting, the nerve conduction/EMG test was unrevealing. Minor numbness might not register on that test.

The most common cause of numbness of the fifth digit, either on one or both hands, is compression of the ulnar nerve at the elbow. This oftens happens in sleep or while taking a nap, and patients awaken with the symptoms. If more severe, the hand may be weak, at least temporarily, but from the information given this does not appear to be the case.

This of course does not fit with the foot numbness which I suppose is better; could that have been part of your back problem for which you had the previous MRI?

Diabetics are more prone to ulnar nerve compression than normal. I note that your sister had type 1 DM. Siblings of type 1, I have read, have a 10% chance of having DM later in life. Rarely neurologic syptoms can precede the DM diagnosis.

On your MRI studies, the small or "tiny" T2 lesions do not make a diagnosis, and are not indicative of MS lesions.

These nonspecific MRI lesions can be seen after head trauma, meningitis, chronic headaches such as migraine, and with elevated blood lipids, but that information was not included for me to review. You do not have high blood pressure, which would be another related illness.

In addition your CSF shows oligoclonal bands are absent in the comments section, and CSF IgG index is very low as I calculate, .00005, well within the normal range. These therefore give no evidence for MS.

MBP and IgG were slightly elevated in CSF but they are not as reliable as the other negative findings in regard to MS.

Dr. Chandler did mention your gait being asymmetrical. This could be from hip pain that he mentioned. Buspirone can also cause gait asymmetry of a similar nature, as a side effect which usually disappears with discontinuance of treatment.

Overall I agree with your neurologist that there is no good evidence for MS and nothing upon which to base considering specific MS treatment. Be reassured that should you ever develop the illness, there are a good number of effective treatments that were not available to us 15 to 20 years ago.

Recommendations:

See your primary care physician regularly for detailed monitoring for diabetes if you are not already doing so.

Have cholesterol and triglycerides checked.

Ask your physician to reduce buspirone to lowest effective dose, or try to discontinue if appropriate, especially if the gait problem is noticeable to you.

Avoid leaning on your elbows while at the table or in a chair. Try lightly wrapping and securing a small towel around your elbows at night, to protect the ulnar nerve and keep your arm more straight at the elbow, which helps protect the nerve. This might be useful especially if symptoms of finger numbness are worse in the morning.

Should you have some new symptoms, a repeat brain MRI as clinically warranted might prove useful, even if unchanged.

Electronically Signed by: , MD on 12/28/2022 07:36:46 PM

Board Certified: