DIAPHRAGMATIC PARALYSISby

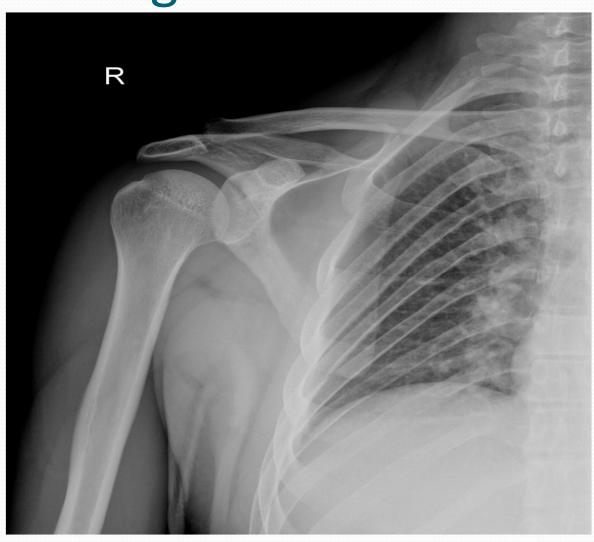
• DR KESER PILLAI, CONSULTANT CHEST PHYSICIAN

42 yr Male, Office Executive Karateka, non-smoker

Late November 2011

- Sudden severe right shoulder pain
- •Rx: traction 2 days

Right Shoulder



Business Trip to Japan, 3 days after discharge

•Pain recurs, very severe

•Admited – tested +++ including thoracic CTS in CCU, all normal

Becomes very breathless and orthopnoeic

Dx: Asthma

Seen 6th December 2011

- •Still breathless and orthopnoeic, anxious
- •Tender swollen muscle over scapular ridge
- •Bilateral reduction in breath sounds
- Late expiratory wheeze faint
- CVS Normal

•Muscle tear and haematoma

Sub-optimally treated asthma

Plain CXR



•Foracort inhaler

Analgesia, lexotamil

Spirometry

FEV1 = 1.74 L (40%)

FVC = 3.19 L (60%)

R 54%

13th December 2011

- •Better, but .chest feels compressed at deep end of swimming pool
- Dyspnoeic during karate
- Breath sound normal
- CVS normal

Assessment

•Residual airflow obstruction

Anxiety – hyperventilation

Oral steroid reversibility trial

On 27th December 2011

•Still breathless at the deep end

Spirometry (pre – post steroids)

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FVC: 3.19 \Rightarrow 3.84 \text{ L (+4.7)}

FEV1: 1.74 \Rightarrow 2.43 \text{ L (+21\%)}

R 54\% 63\%
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27.12.2011

 Persistent dyspnoea: R/O pulmonary embolism

Ordered CTPA & D-Dimer

Both not done (note date!)

On 31st January 2012

•Dyspnoea: Lying flat, bending forwards, swimming pool

A test was requested

•Diaphragmatic screening – Dr. P. C. W. C

Spirometry lying and sitting 46% Fall in FVC supine

Sitting

FVC 3.5 L (65) FEV1 2.5 L (58) R 72% Lying flat

1.9 (35)

1.3 (30)

R 66%

Textbook case of : PARSONAGE – TURNER Syndrome

•a.k.a neuralgic amytrophy of the diaphragm

MRI Brain



Advised BiPAP

•Went to a specialist in Italy who confirmed the diagnosis

•Has not attended since

- Causes of bilateral diaphragmatic paralysis
- Multiple sclerosis
- •MND
- •GBS
- Polio and other viruses
- Quadriplegia
- Severe myopathy

