Answers to picture quiz

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Answer 1

Thrombosis of the lingual artery

Tongue necrosis due to lingual artery thrombosis is a rare complication of giant-cell arteritis. With continued glucocorticoid treatment, the patient's symptoms resolved and the tongue healed within 4 weeks.

Answer 2

Creutzfeld-Jakob disease

This is a fatal spongiform encephalopathy caused by the accumulation of abnormal prions. Clinical diagnosis is made from the history of rapid neurologic deterioration, physical examination, and findings on magnetic resonance imaging, as well as characteristic electroencephalographic findings and cerebrospinal fluid markers. Brain MRI with diffusion-weighted imaging revealed hyperintensity of the cortical gyri and caudate heads.

Answer 3

Wernicke's encephalopathy

This disorder, due to thiamine (vitamin B1) deficiency, can be a complication of hyperemesis gravidarum, malnutrition, or alcohol use. Patients may present with eye-movement abnormalities including gaze-evoked nystagmus, spontaneous upbeat nystagmus, and horizontal or vertical ophthalmoplegia. Typical magnetic resonance imaging of the brain shows T2 hyperintensities involving the thalamus, mammillary bodies, and periaqueductal regions.

Answer 4

Metronidazole-associated encephalopathy

It is a rare complication associated with the drug metronidazole, and a magnetic resonance imaging (MRI) scan of the brain typically reveals a symmetric, enhanced fluid-attenuated inversion recovery (FLAIR) signal in the dentate nuclei of the cerebellum. Symptoms of ataxia, dizziness, and dysarthria have been reported.

Answer 5

Copper deficiency

Bariatric surgery is a common cause of copper deficiency. Bariatric surgery, such as gastric bypass surgery, is often used for weight control of the morbidly obese. The disruption of the intestines and stomach from the surgery can cause absorption difficulties not only as regards copper, but also for iron and vitamin B12 and many other nutrients. The symptoms of copper deficiency myelopathy may take a long time to develop, sometimes decades before the myelopathy symptoms manifest. Copper deficiency was first described in a patient with a history of gastrectomy and partial colonic resection who presented with severe tetraparesis and painful paraesthesias and who was found on imaging to have dorsomedial cervical cord T2 hyperintensity.