

症 例 報 告

ACUTE DISSEMINATED ENCEPHALOMYELITIS ARISING AS A COMPLICATION OF THROMBOANGITIS OBLITERANS. REPORT OF A CASE.

by

NOBURU HOSHINO

From the First Surgical Department, Kyoto University Medical School
(Prof. Dr. CHISATO ARAKI)

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INTRODUCTION

It has been generally accepted that demyelinating diseases of the central nervous system, such as multiple sclerosis and others, are rarely found in Japan. Some authors,¹⁾ however, seem to have the opinion that the diseases are never so unusual occurrence in our country, too. They discuss the problem utterly from the clinical point of view, asserting the demyelinating diseases are characterized by neurologic signs indicating multiple affections and the repeated remissions in their courses, not only by the classic Charcot's triad. Others²⁾ request the verification by autopsy and histologic examination, emphasizing the discrepancy between the clinical and the pathologic diagnosis.

Thus the problem concerning the demyelinating diseases has become the subject of much controversies.

CASE REPORT

K. T., a 49 years old male, underwent the removal of the carotid gland on March 28 and lumbar sympathetic ganglionectomy on April 17, 1945, under the diagnosis of spontaneous gangrene of the right foot. About two months after these operations (June 4 and 5), he complained of headache associating fever of 38.5°C. Four days later, his vision was suddenly lost and sensations of lower extremities were noticed to be dull. On June 12, the syndrome indicating the transverse section of the fourth thoracic segment became apparent.

Neurologic symptoms at that time; the blindness of both eyes, dilated inactive pupils without impairment of convergence reaction, slightly choked and blurred discs, paresis of the left facial nerve, analgesia and hypoesthesia in the area lower than nipples, loss of the abdominal and cremaster reflex, loss of the knee and ankle jerks, nothing abnormal in the cerebrospinal fluid. Slight disturbances in swallowing as well as difficulties in micturition and defecation were also present, lasting transiently for about two weeks.

Course: The patient received nothing particular treatment other than the

intravenous infusion of glucose solution together with vitamins. On June 26, i. e. eighteen days after he became blind, his vision recovered to be able to realize the hand moving just in front of his eyes. Motility of both lower extremities was faintly regained on June 17. By August 2, it was found that the sensory disturbances had already disappeared. Knee and ankle jerks reappeared on August 15.

The patient was discharged from our hospital on September 10. He could then count the number of fingers at a distance of 1 meter. Sensory disturbances were completely disappeared. Although there remained slight motor paresis in his left leg, he was able to walk by himself on crutches. Recently (June, 1954) I was informed of his conditions to be somewhat more improved as compared with those of 9 years ago. He is still markedly weak-sighted, but, showing no motor disturbances in his lower extremities, he can now walk without crutches.

DISCUSSION

As the patient is still alive, the histologic verification of his disease is impossible. Clinically, however, the diagnosis of acute disseminated encephalomyelitis may be almost certain. This diagnosis is supported by the following symptoms and course; associating the moderate rise in body temperature, optic neuritis, facial paresis, disturbances in swallowing and syndrome of transverse section of the spinal cord have been successively manifested with ensuing improvements.

Special interest may be taken in the fact that acute disseminated encephalomyelitis has arisen as a complication in the course of thromboangitis obliterans. It is true that the essential causative factors of the demyelinating diseases still remain obscure, but the localized trophic disturbances due to the blocking of cerebral vessels and the participation of allergy are now much interested in their etiology.^{3,4)} On the other hand, histologic studies on spontaneous gangrene by WADA⁵⁾ of our laboratory have revealed that 1) the vascular changes are generalized in the whole body, 2) findings suggesting intraneural hemorrhage or demyelination are encountered in the peripheral nerve trunk of the diseased leg and 3) the allergy has something to do with the etiology of this disease. Considering these theories, the complication of disseminated encephalomyelitis to thromboangitis obliterans attracts my special interest.

CONCLUSION

A case of acute disseminated encephalomyelitis complicating thromboangitis obliterans has been described. There seems to be something in common between the etiologies of both diseases.

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和 文 抄 録

特発性脱疽の経過中に発生した急性播種性脳脊髓炎の1例

京都大学医学部外科学第1講座 (荒木教授)

星 野 列

49才の男子。特発性脱疽の治療のため、頸動脈球剔除並に腰部交感神経節切除を受けて入院中、突然に失明、左顔面神経下枝麻痺、軽度の嚥下困難、第四胸髄節以下の脊髓横断症状を発生し、約3ヶ月後に各症状とも可成りの程度迄回復して退院した。

中枢神経系の脱髄性疾患の原因としてアレルギーが重視され、一方、特発性脱疽の原因としてもアレルギーが関心を持たれて居る。此の点から言つて、両疾患の合併は興味あるものと考えられる。

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