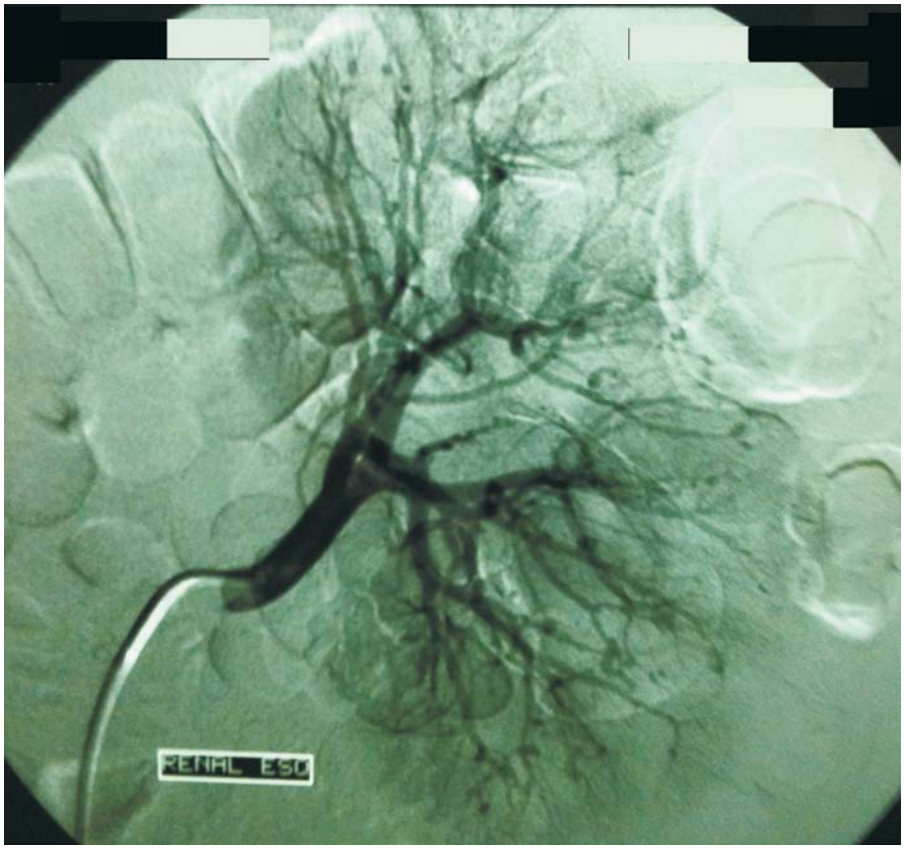
IMAGES IN CLINICAL MEDICINE

Bilateral Foot Drop in Polyarteritis Nodosa



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A 38-year-old patient presented to the hospital with a 2-month history of fever, malaise, weight loss, and progressive weakness on both sides of his body. Because of weakness in the dorsiflexors of his feet and toes, the patient had a high-stepping gait, lifting his knees to avoid dragging his toes on the floor (see video). The differential diagnosis of this subacute peripheral motor polyneuropathy is broad, including chronic inflammatory demyelinating polyradiculoneuropathy, diabetic neuropathies, lead intoxication, paraproteinemias, alcoholic neuropathy, nutritional deficiencies, infectious diseases, paraneoplastic syndromes, porphyric neuropathy, and amyotrophic lateral sclerosis. In this patient, electroneuromyography revealed severe mononeuritis multiplex. Laboratory tests showed an elevated erythrocyte sedimentation rate of 120 mm per hour (estimated by the Westergren method), and multiple aneurysms were seen on angiography of the kidney (as shown above), findings consistent with polyarteritis nodosa. Treatment with prednisone and cyclophosphamide led to control of the patient's fever and malaise, with normalization of the erythrocyte sedimentation rate. The patient's gait remained abnormal, however, despite rehabilitation therapy.

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