

LEUKEMIA WITH PTOSIS

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ABSTRACT

Leukemias are the heterogeneous group of disorders of hematopoietic system, characterized by presence of blast cells in bone marrow and peripheral blood. Leukemias frequently present with fever, weight loss, pallor, easy fatigue-ability, bruising, and spontaneous bleeding. CNS manifestations are very uncommon, and are either treatment related or late manifestations^{1,2,3,4}. Objective: To report the case of a 50-year-old lady who presented with ptosis and was later diagnosed as a case of leukemia. Case Report: 50 year old female presented with complete bilateral painless ptosis of sudden onset preceded by high grade intermittent fever. Her blood complete picture showed bicytopenia with blast cells on peripheral smear. After bone marrow biopsy the diagnosis of acute lymphoblastic leukemia L3 was established. Conclusion: Ptosis is a common manifestation of third nerve palsy, neuromuscular disorders and orbital pathology. However a broader perspective must be maintained while evaluating the causes of ptosis as a systemic disease like leukemia can also present with ptosis.

Key Words: Leukemia, Ptosis, Para-Neoplastic syndrome

INTRODUCTION

Acute leukemia's are being classified into acute lymphocytic leukemia and acute myelogenous leukemia. Lymphocytic variety predominantly occurs in pediatric population, its occurrence in adults carry bad prognosis. The causes of acute leukemia include, the exposure to toxins, radiation and certain chemotherapeutic agents. The symptoms produced are correlated to the production of malignant cells, leucostasis and less commonly organ infiltration resulting in confusion, headache, dyspnoea and infiltration of skin, gastrointestinal tract and meninges⁵.

CASE REPORT

Fifty year old female belonging to North Waziristan, Pakistan, presented through the emergency department with complaints of inability to open eyes. Fifteen days prior to presentation she developed ptosis which was painless and sudden in onset. On assisted opening of eyes she could see clearly. There were no complaints of diplopia, proptosis or painful eye movement. She was a diagnosed case of hypertension, for the last one year but was not treatment compliant mainly because of unavailability of regular medicines. She had been

running high grade intermittent fever and feeling of being unwell for last two months but did not pay much attention to this and only took treatment in the form of analgesics and antipyretics from the local GP.

Her general physical examination revealed stable vital signs, pallor, complete bilateral ptosis, a single enlarged left posterior cervical lymph node and bilateral axillary lymphadenopathy. Her eye examination showed normal visual acuity, complete ptosis, fixed dilated pupils with complete ophthalmoplegia. Fundoscopy showed bilateral papilloedema. Other Cranial nerves were normal. SOMI were absent. Motor and sensory systems were normal. Abdomen was soft non tender with no visceromegaly. CVS and Chest Examination were unremarkable. Keeping in view the above mentioned complaints the following differential diagnosis was considered, orbital tuberculosis; suprasellar granulomatous disease; orbital lymphoma, myasthenia gravis; cavernous sinus thrombosis; and orbital cellulites.

She was previously admitted in a local hospital and had been worked up to some extent. Her previous investigations included; Nerve conduction studies and repeated nerve conduction study: within normal limit, EMG: within normal limit; MRI Paranasal Sinuses (Fig.