

CASE REPORT

The patient presented for an elective tonsillectomy procedure. The procedure was complicated by vascular injury resulting in hemorrhagic shock. Massive transfusion protocol was initiated and the patient went into hypoxic respiratory failure leading to cardiac arrest. The patient was resuscitated, placed on a ventilator and required ECMO due to persistent hypoxia. The patient was found to have persistent myoclonus and right foot drop during the hospital course. EEG, CT and MRI imaging of the brain and spine were negative. The list of presumed diagnosis for myoclonus included Lance Adams Syndrome. No etiology for foot drop was identified.

ASSESSMENT/RESULTS

The patient was admitted to an acute rehabilitation hospital and received physical therapy for strengthening and gait training. Myoclonus was controlled with levetiracetam and oral baclofen. The patient is now able to ambulate with the support of a rolling walker and ankle-foot orthotic.

DISCUSSION

Lance Adams Syndrome is uncommon and is described as chronic post hypoxic myoclonus. The pathophysiology is not well known. Lance Adams Syndrome has negative CT, MRI, and EEG but may show findings of decreased perfusion on SPECT imaging.

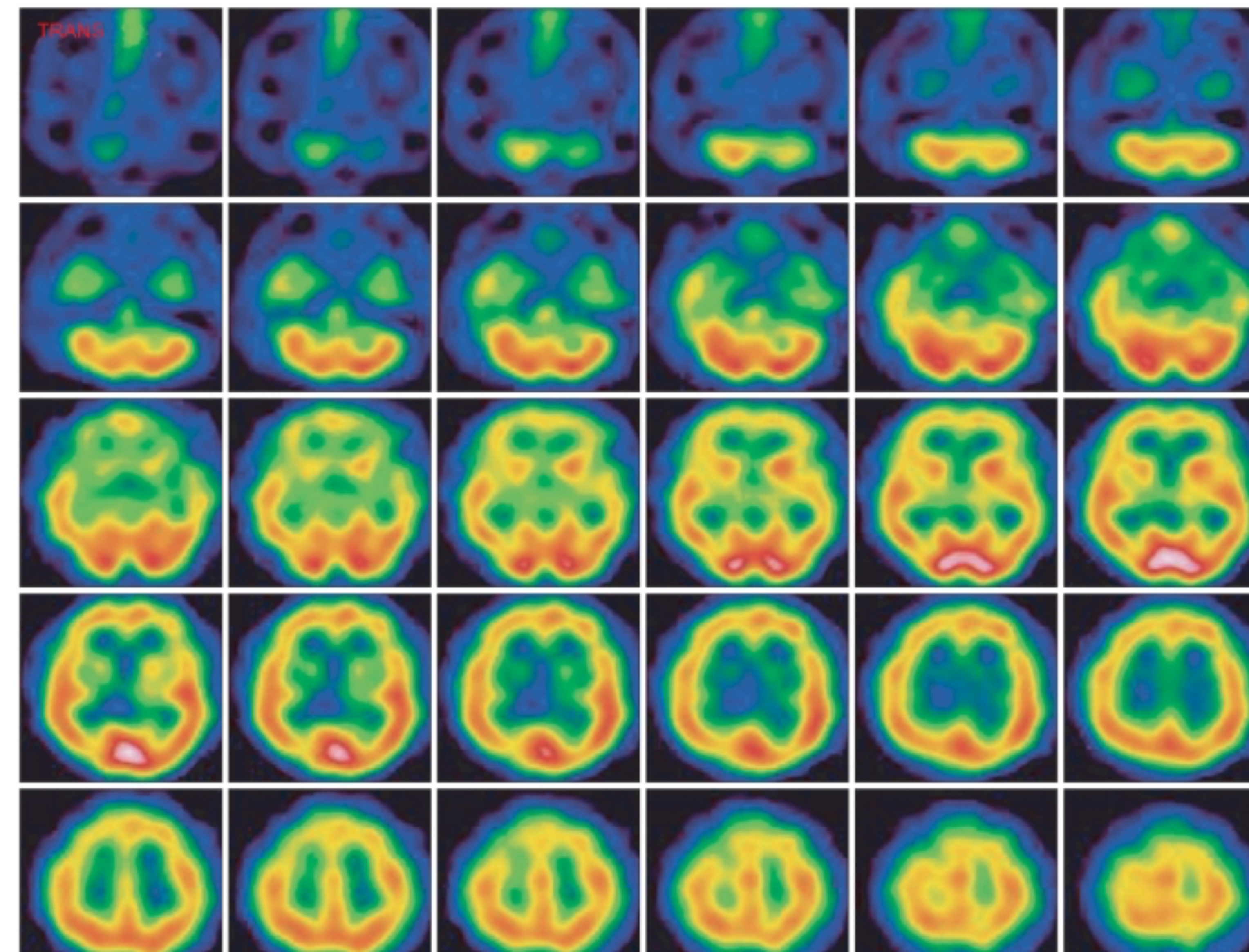


Figure 1: Single photon emission computed tomography (SPECT) showing decreased perfusion.

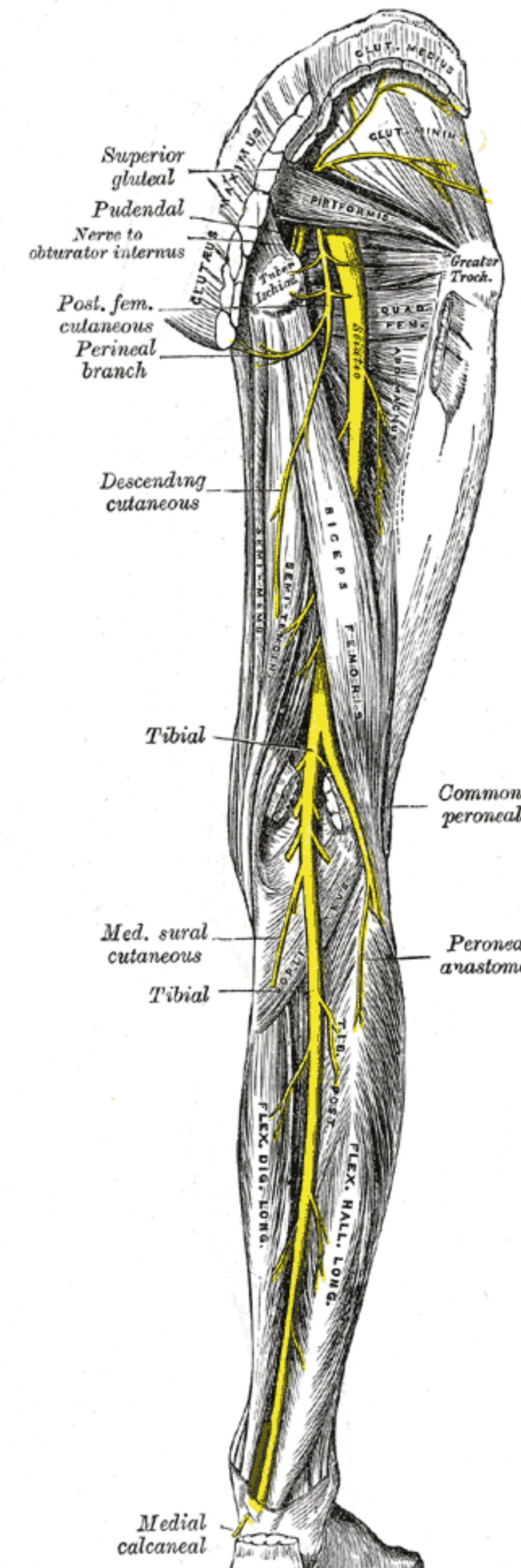


Figure 2: Sciatic nerve with branches including common fibular/peroneal nerve.

DISCUSSION (Continued)

Treatment targets symptomatic control with anti-epileptics and benzodiazepines. Commonly sciatic neuropathy is a result of spine pathology leading to nerve damage. Foot drop and sensory deficits seen in this patient are attributed to decreased mobility seen after a long hospital course with significant weight loss that resulted in compression injury to the sciatic nerve. EMG should be done to support the diagnosis and further characterize the nerve injury.

CONCLUSION

Early diagnosis and appropriate treatment can minimize the impairments and disabilities in patients with chronic post hypoxic myoclonus. Improved awareness and early recognition will improve the outcomes in patients with sciatic nerve compression injury after a prolonged hospital course.

REFERENCES

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