



Dr Doran: neuro main man.

# 'Twas the night before Grand Round ...

'Twas the night before Grand Round, when all through the Walton not a creature was stirring, not even the matron. The nurses were waiting on the ward in despair with hopes that the registrar soon would be there.

This educated, thirty-three-year-old chap had just been admitted after a minor mishap. The gent had fallen whilst out for a jog and awoke the next morning, his left leg like a log.

Before his admission he had been so well With no past history on which we can dwell. No family history for us to try to link but had eleven pack-years and took the occasional drink.

A pain in his groin he was suffering He described as dull and not like a sting "What a miserable way to spend my Christmas vacation." The man remarked using "double air quotation".

He talked of his issue with sensory supply noting the numbness of his anterior thigh. Spreading over his knee and down to his calf I asked "Which side?", he said "The medial half."

Then out on the ward there arose such a clatter I sprang from my exam to see what was t'matter. Away to the door it's our neuro main man pulling back the curtain, to reveal Dr Doran.

His eyes — how they twinkled! His dimples, how merry! His cheeks were like roses, his nose like a cherry! Around his neck was a tie drawn up like a bow and the 'tache on his lip was as white as the snow.

"We must examine" Dr Doran ordained "or else this man's symptoms go unexplained." So on thorough neurological examination it confirmed the described loss of pinprick sensation.

Tone grossly normal, his reflexes intact except the left knee jerk, it appeared that he lacked.

No wasting or fascic' to find on inspection there was clear weakness of left hip into flexion.

3 out of 5 knee extension was detected but internal rotation was left unaffected. And finally of note in an exam that's so formal was to say that his left A-D-ductors are normal.

I laid down my tendon hammer, the exam at its close, I thought to myself, "What will we diagnose?" "Your exam's out of order", Doran did chime. "Well you try to do it whilst keeping in rhyme."

I gathered my thoughts with flare and cohesion To let us know where and what is the lesion? I straightened my tie and said it with verve "This fits with a lesion of the femoral nerve."

"Now wait just a minute, don't be so hurried. What are causes that we should be worried?" More rapid than Broca, the differential came and I whistled and shouted and called them by name:

"Direct injury! A tumour! And radiation to the pelvis! Pelvic fracture! Vasculitis!" Keep going Dr Ellis! My mind went blank, my confidence misplaced! But then I remembered, "Haemorrhage, retro-fascial space!"

An MRI arrived of his abdo and pelvis revealing to us all his lesional diagnosis. Isointense on T1 and hyper- on T2 a subacute haematoma appeared in our view.

Left iliopsoas muscle its location reported Clearly the femoral nerve would be distorted. Second to fourth branches of t'lumbar plexus This neurological correlate will ne'er again vex us.

And anymore results for us to see? His APTT's elevated by a factor of three. "Should we now check this man's clotting line?" "It appears that he's deficient in factor nine."

It would seem the odd cause of his admission Arose from an inherited bleeding predisposition. And if you know your haemophilia A's from your haemophilia B's You'll know that the diagnosis is ... *Christmas Disease!*

So Doran packed up his bag, to his team gave a whistle and off he flew like the down of a thistle. But I heard him exclaim, as he head out of sight "Happy Christmas to all, and to all a good night!"

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