



# Neurology

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*not critical*

July 12, 2011

**Anthony Nguyen, MD**  
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Anthony Nguyen, MD  
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Re: **Carl Ericson**  
DOB: 11/06/1961  
Age: 49 Years  
Gender: male

Dear Colleague,

I had the pleasure of seeing your patient Carl Ericson for follow-up today. Following is a summary of today's visit and my recommendation(s).

**Chief Complaint/Reason for visit:**

This 49 year old male presents with stiff-man syndrome.

**History of Present Illness**

**Stiff-man syndrome (follow-up)**

He changed insurances and needs another script and ok for his IV IgG. He just had his last IVIgG #7 last Saturday on 7/9/11. He starts them on the first Monday of the month. He can finally now move great. He is doing his own PT. He got the Port-A-Cath from Dr. Wiencek the end of June. This is great as he now does not have to have IV injections straight through his veins. He had labs from St. Martin- ANCA P, anti- GAD > 250.0, HTLV was messed up- and it was not done. LFT, BUN and Creat NL, Alk phos is lower.

Even the pain across the shoulders/burning is now gone. He has pain in the anterior shins- and it hurts to touch the skin.

**Physical Exam**

**Neurological:**

He can now move his legs- he extends the legs, he can stand and transfer, Tone greatly improved. His strength is better.

### **Clinical Assessment**

The patient is a 49-year old male who presents with stiff-man syndrome.

1. Stiffperson's syndrome probable for years- diagnosed this year and on IvlgG which is helping more and more each time- he was due for his 6th this month (5 day course) but he could not get it with his insurance and he could not afford it, and he had a Baclofen pump in place- and this was just refilled in 3/2011 by Dr. Daniel Kim- and in 6/2011, the dose was again increased which also may be helping. He is seeing him for another pump fill 8/2011. Last Gammagard 10% (350 mL) IvlgG was 7/5/11-7/9/11 and he continues to do better- and this was #7 - and he is doing really well. We will recheck HTLV I/II Ab, and ANA and ANCA are pending still- eventually after a good 6 full doses or so. Old records from Dr. Lee brought in by patient (scanned in). Reportedly back then, Anti- GAD 65 was negative (but no value given). He has some associated dystonia of the shoulders and has had a few episodes of blepharospasm (better with Valium and sleep). He has restarted his PT at home now (which is when he got much better last year).

2. Burning of the lower legs that started in 4/09 3 months after the Baclofen pump was put in and it seemed to start right after stopping the Gabapentin. He was put on this for dystonia in 4/09 and it caused leg swelling and double vision. When he stopped the Gabapentin after 3-4 weeks, the swelling in the legs went down but then he got this pain and burning (but not in the feet), mainly in bilateral anterior shins. X-rays and EMG/NCV studies and everything has not shown the cause. This could be from muscle spasm.

3. Mild left cervical dystonia and left focal dystonia/writers cramp with dystonia tremor with writing with a pen.

4. On Valium for years- slightly high alk phos (better now) for years-

### **Assessment/ Plan**

#### **Stiff-man syndrome (333.91)**

1. Rheumatology workup was negative.
2. F/U for pump refill- Baclofen.
3. Due for IV IgG on about 8/8/11.
4. CBC, CMP, HTLV 1/2 on next labs.
5. RTC 6 weeks.

#### **Other fragments of torsion dystonia (333.89)**

#### **Medications (added or continued this visit)**

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Diazepam	5 Mg	180	2 po TID PRN spasm.
Ativan	2 Mg	60	take 1 tablet (2MG) by ORAL route 3 times every day as needed

Sincerely,

**Lisa Cohen, M.D.**

Electronically signed 07/12/2011

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#### **Neurology Center Of Nevada - Services Include:**

**General Adult Neurology    Neuromuscular Consultation    Sleep Disorder Consultation**  
**Sleep Study (PSG), CPAP Titration, MLST    Routine EEG, Ambulatory EEG, Video EEG**  
**Botox Injection Therapy for Blepharospasm, Hemifacial Spasm, Dystonia, Spasticity, and Headache**  
**Evoke Potential    Occipital Nerve Block**