

**MRI NEGATIVE CENTRAL PONTINE MYELINOSIS**Dr. Mudasir Ahmad Dar<sup>1\*</sup>, Dr. Omar Farooq<sup>2</sup>, Dr. Sobia<sup>3</sup>, Dr. Javed Chacho<sup>4</sup> and Dr. Irfan Shah<sup>5</sup><sup>1</sup>PG Scholar.<sup>2</sup>Professor.<sup>3</sup>Associate Professor.<sup>4,5</sup>Assistant Professors.

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**CASE PRESENTATION**

80 year old male with underlying hypertension with recent history of chlorthalidone induced symptomatic hyponatremia (Na-103) was managed in peripheral hospital with 3% saline presented to our emergency department with sudden onset altered sensorium. On physical examination HR was 90 b/m and BP of 120/80. Baseline investigations were normal except serum sodium of 130 mmol/l but was rigid, mute and not moving any limb (Akinetic rigid state). Central pontine myelinosis was suspected and MRI brain (fig-1) was done which was normal. Patient was managed as case of central pontine myelinosis and repeat MRI brain (fig-2) was done after 2 weeks which was suggestive of pontine myelinosis.

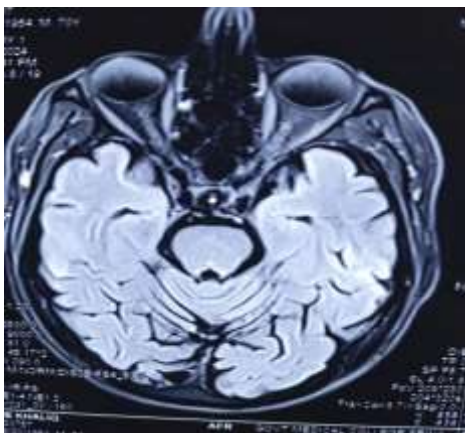


Fig. 1.

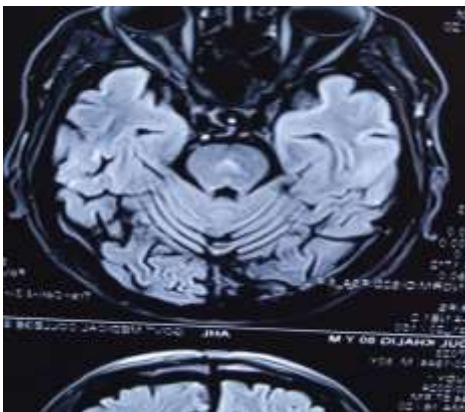


Fig 2.

The rapid correction of chronic hyponatremia could lead to an alarming complication of central pontine myelinosis which is life-threatening as well as irreversible in nature, especially in patients with multiple risk factors such as malnutrition, liver disease and hypokalemia. Keeping this in mind, the treatment of hyponatremia should be done cautiously by slowly correcting it within adaptable limit of the body physiology.

**REFERENCES**

1. Sterns RH, Riggs JE, Schochet SS. Osmotic demyelination syndrome following correction of hyponatremia. *N Engl J Med.*, 1986; 314(24): 1535–1542. DOI: 10.1056/NEJM198606123142402.
2. Sterns RH, Silver SM. Brain volume regulation in response to hypo-osmolality and its correction. *Am J Med.*, 2006; 119(7): S12–S16. DOI: 10.1016/j.amjmed.2006.05.003.