

Case Report

Volume 4 Issue 5 - May 2023

DOI: 10.19080/TBSND.2022.04.555647

Theranostics Brain, Spine & Neural Disord

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Post-Polio Syndrome: Why Such Great Lack of Medical Knowledge?



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Submission: May 15, 2023; **Published:** May 25, 2023

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Introduction

Acute anterior poliomyelitis can be defined as an endemic human disease, caused by an enterovirus of worldwide distribution, which frequently affects the anterior horn of the spinal cord, causing paresis and amyotrophy in an asymmetric and disproportionate form. Years after the acute event of the previous poliomyelitis, practically 80% of the patients present new symptoms not only related to weakened muscles and limbs, but in other regions of the body. The main ones are paresis; amyotrophy, pain of various causes (muscle, joint, root), sleep disorders, cold intolerance, memory impairment, among others [1,2].

Keywords: Spinal Cord; Post-Polio Syndrome; Poliomyelitis; Sleep Disorders; Memory Impairment

Case Report

JMA, 56 years old, woman, teacher, reports that at eight months of age she was diagnosed with acute anterior poliomyelitis. She remained hospitalized in the Intensive Care Unit for 15 days. Childhood and adolescence without major problems, except for running and performing activities that required flexibility associated with muscle power. Initial clinical picture marked by effusion in the left rural distal third, with extreme instability of such a joint. Claudicating gait. Numerous inadequate movement synergies to perform your basic and instrumental activities of daily living, pelvic girdle dysfunction and lumbar hyper lordosis (Figures 1 & 2). Decades later, began to present new symptoms:

lancinating and diffuse pain, not only in the previously affected muscles, but in other myotomes, intolerance to cold, insomnia, frequent falls, intolerance to cold, peripheral fatigue (power and muscle resistance), dyspnea to small efforts and depression. Currently treatment is focused on rehabilitation, nutritional support, and guidance for the use of orthoses. Received a diagnosis of Post-Polio Syndrome only in May of that year.

Discussion

The theory that explains the post-polio syndrome is focused on the intense metabolic demand on the remaining motor units - it is not a new viremia - as some believe. The motor neurons that are

still functional increase the number of compensatory sprouting for the reinnervation of myotomes with loss. This process of neural plasticity lasts for years. Unfortunately, the neurons that still had normal function begin a process of metabolic “workout” and, obviously, no longer offer sprouting - some even lose their

function. At that moment, the signs and symptoms of post-polio syndrome begin to appear. The lack of knowledge about the presence of the Post-Polio Syndrome harms the sufferers too much. Medical experts, workplaces and other spheres of society overlook such an upsurge [3-5].



Figure 1: Sagging of the Foot, with Tendon Transposition Scars.



Figure 2: Lumbar hyperlordosis.

Conclusion

Physicians and therapists should pay attention to the presence of new signs and symptoms in patients with acute anterior poliomyelitis and, consequently, guide them in seeking specialists.

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DOI: [10.19080/TBSND.2023.04.555647](https://doi.org/10.19080/TBSND.2023.04.555647)

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