

CONSULTANTS:

Dr D J Dick
Dr J I Cochius
Dr M A Lee
Dr W A Woodward
Dr G Mamutse
Dr H (Linda) Damian
Dr R Adam
Dr EF Staufenberg Consultant Neuropsychiatrist

Department of Neurology
Norfolk & Norwich University Hospital
Colney Lane
Norwich NR4 7UY
Direct Dial: 01603 287485
Fax: 01603 287360

Our Ref: GM/glt/H1472577 @
NHS Number: 638 930 4137

Document Ref: 3984586 Version: 2
Unique Pathway ID: X09000271118304

Date Typed: 04 December 2015
Date Seen: 02 December 2015

Dr T Markham
The Cringleford Surgery
Doctors Surgery
The Common
Mulbarton
Norwich
NR14 8JG

Dear Dr Markham

Re: ARTUR PIOTROWSKI,

Diagnosis:
Functional neurological disorder

Investigations:
MRI brain (Note previously normal or negative blood test results including B12, ANA, Lyme serology)

Thank you for referring the above-named 39-year-old right-handed civil engineer who has had a number of symptoms for the last three years. He dates his symptoms to one week after a right hip replacement for avascular necrosis three years ago. Symptoms include episodic muscle twitching involving muscles all over his body in a patchy distribution, lasting between a few seconds and two minutes at a time. He also perceives persistent stiffness of his neck, sensitivity to light and tinnitus.

Over the three year period he has experienced an episodic sensation of left upper limb weakness from mid upper arm down to his fingers which occurs once every two weeks, lasting between 15 minutes and 24 hours. He also perceived a less pronounced weakness of his right upper limb. Over the last two to three years he has experienced generalised body aches and pains which have improved since starting treatment regime of vitamin C and salt. He also reports episodic breathlessness and chest pain. One year ago he experienced points of focal pressure under his scalp which would last a few hours at a time. The symptoms occurred over a two week period. Six and eighteen months ago he had pain in her jaws and teeth for one to two weeks.

Cont...../

Over the past six months he has had "memory loss". He reports struggling to understand the content of written sentences and may also struggle with simple arithmetic. Examples given were of standing up and immediately forgetting what he has stood up to do. Three to four months ago, he experienced episodic loss of balance and felt disorientated, alongside poor concentration. Over the past two months, he has perceived bilateral facial weakness which lasts between an hour and twelve hours and may be associated with perception of slurred speech. Over several months three years ago, he had nocturia lasting several months. Other symptoms reported included poor sleep, abdominal pain and rectal bleeding (I have asked him to approach you to get this looked into in a bit more detail).

He has a left hip replacement five years ago and right hip replacement three years ago for avascular necrosis. He uses Codeine Phosphate and a non-steroidal, the name of which he could not remember. Other symptoms reported were of episodic palpitations and night sweats. Over the last twelve to eighteen months, he has had troublesome fatigue.

Previous investigations have included an MRI scan of the cervical spine performed three years ago while in Australia, and MRI scan of the chest and HIV test. He stopped smoking in 2003.

His neurological examination in clinic today was completely normal. In particular, there was no evident limb weakness or facial weakness and there was no impairment of monopedal hopping or tandem gait.

I explained that the symptoms he presents with are symptoms we commonly see in the absence of damage to the neurological system. When symptoms are experienced in the absence of damage to the neurological system, we infer that the symptoms are occurring because the neurological system is not functioning normally, although undamaged. We refer to the ensuing symptoms as functional neurological symptoms. We took a brief period to peruse through the www.neurosymbols.org website which I have encouraged him to look through for a better understanding of his symptoms,

When I directly asked him whether there may be mood or anxiety issues, he did admit that this may be the case. I would recommend that he self-refers to the Wellbeing Service on **0300 123 1503** as this may be a route to access cognitive behaviour therapy.

For his reassurance, I have requested an MRI scan of the brain but expect no significant abnormalities. I will communicate the results of tests when they come to hand but will not reappoint him to clinic if normal, as expected. I have also asked him to undertake "Test Your Memory" (TYM) test. He scored 46/50 on the TYM test, mislabelling a lapel and not recalling 3 words of a 6 word sentence at the end of the test.

Yours sincerely,

Dictated & Verified by

Dr Godwin Mamutse
Consultant Neurologist

cc: Mr Artur Piotrowski