

多發性硬化症侵犯下視丘，疑是引起多汗症：個案報告

Hyperhidrosis Probably due to Hypothalamic Involvement in Multiple Sclerosis: A Case Report

梁庭繼

Leung TK;Chen HW;Lee CC;Chou SB;Ling CM;Chou

SB

摘要

一位三十七歲女性患者因為視力減弱和肢體麻痺求醫，隨後慢慢惡化成下肢動彈困難、顫抖、吞嚥困難、有神經性膀胱滯尿現象，病勢忽輕忽重，經頸椎核磁共振造影檢查發現，患者延腦下部和頸椎神經在 T2WI 有不正常高訊號，當時無論臨床和影像表現都附合了典型"多發性硬化症"的診斷。可是，後來病人有多汗症狀，而體溫表現不穩定，另一方面，腦部核磁共振造影發現右側下視丘在 T2WI 有不正常高的訊號，而且逐漸往左側侵犯，這些都少見於多發性硬化症，造成臨床診斷的困擾。多發性硬化症是一種漸進式的脫髓鞘疾病，腦部中以腦室旁室管膜下和胼胝體等等較常被侵犯，至於"多發性硬化症"伴隨下視丘病變是很罕見的。回顧國外文獻後發現，曾有病例報導有關"多發性硬化症"侵犯下視丘會引發多汗症。

Abstract

We report a 37-year-old female patient presented initially with typical radiological and clinical manifestations of multiple sclerosis (MS). She was found to have blurred vision and paresthesia. Later, she suffered from lower limbs weakness, general fatigue, difficulty swallowing, intentional tremor and urinary retention. At the same period, the patient was also found to have hyperhidrosis, which was not a typical sign of MS. After MR imaging revealed that there was a high signal lesion on T2WI at right hypothalamus which eventually involved the contralateral side of hypothalamus, the previous diagnosis became controversial. MS is a progressive demyelination disease, the most frequent affected sites in brain are periventricular white matter, corpus callosum or centrum semiovale. It was thought MS plaque was rarely found in hypothalamus. By reviewing articles in English literature, we found similar cases of multiple sclerosis involving hypothalamus and one of them was presented as hyperhidrosis.