

Disha Patel, DO, a Physiatrist with Encompass Health Rehabilitation Institute of Tucson

Get to know Physiatrist Dr. Disha Patel, who serves patients in Tucson, Arizona.



Marianjoy Rehabilitation Hospital

Man in the Barrel Syndrome
 Disha Patel, DO; Firas Rafat, DO; Anton Dietzen, MD, DC; Anita Kou, MD
 Marianjoy Rehabilitation Hospital, Wheaton, Illinois

Introduction

"Man in the barrel syndrome" (MBS) was first reported by J. Mohr in 1963, where he described patients with bilateral upper extremity weakness (proximal > distal) but with intact neck and lower extremity strength and preserved upper extremity sensation. Initially, it was found in cases of cerebral hypoperfusion resulting from bilateral ischemia in the distribution of the major cranial vessels. However, there have been recent MBS cases due to various injuries, including spinal cord injury due to ischemia or myelopathy, epidural mass or abscess, multiple sclerosis, bilateral brachial plexus injury due to trauma, brain contusions or hemorrhages, and bilateral brain metastases.

Case Presentation

C5 AIS D non-traumatic spinal cord injury with left PCA stroke causing brachial diplegia. Man in The Barrel Syndrome

46-year-old man with gradual onset of bilateral upper extremity weakness and upper back pain that started while he was driving.

Computed tomography angiography (CTA) showed right cervical vertebral artery thrombosis and left intracranial internal carotid artery (ICA) focal stenosis.

Magnetic resonance imaging (MRI) of the brain showed left posterior cerebral artery territory strokes.

MRI cervical spine revealed C5-C6 central cord edema. Patient also developed dysphagia and underwent PEG placement.

On admission to acute inpatient rehabilitation, the patient had 0/5 strength in his shoulder abduction and flexion, elbow flexion and extension. He had trace wrist extension and finger flexion bilaterally.

He had C5 AIS D incomplete paraplegia.

Patient was moderate assist for lower body dressing, total assist for grooming, hygiene, upper body dressing, and dependent for eating.

He was moderate assist for bed mobility, transfers, and total assist for ambulation due to ataxia, despite intact lower extremity strength.

Discussion / Conclusion

This patient's rehabilitation potential was limited by his bilateral upper extremity weakness. However, he did have intact lower extremity strength, which allowed for bed mobility, moderate assistance for transfers and supervision for wheelchair use. Unfortunately, he did not have intact sensation and remained dependent for bathing, dressing, and eating. He had been on a chopped diet with this limitation. In this case report, when treating a patient with a spinal cord injury, rehabilitation strategies to prevent shoulder muscle strength, preserve nerve strength, and promote independent living are essential.

Figure 1: CT brain shows multiple new, small to moderate-sized, wedge-shaped areas of low attenuation in the bilateral cerebellar hemisphere.

Figure 2: MRA shows short 3 mm segment stenosis involving the distal anterior genu and proximal supraclinoid left ICA.

Figure 3: MRI shows left posterior cerebral artery territory strokes.

Figure 4: MRI cervical spine revealed C5-C6 central cord edema.

New York, New York City, Sep 16, 2021 ([IssueWire.com](https://www.issuewire.com)) - A devoted physiatrist, Dr. Patel is affiliated with Encompass Health Rehabilitation Institute of Tucson.

At Encompass Health Rehabilitation Institute of Tucson, the providers are committed to helping their patients regain independence after a life-changing illness or injury. They serve the greater Tucson area as a leading provider of inpatient rehabilitation for stroke, amputation, and other complex neurological and orthopedic conditions.

Graduating from Amherst College with a Bachelor of Arts degree in Neuroscience in 2007, Dr. Patel earned her Doctor of Osteopathic Medicine degree from the Midwestern University Arizona College of Osteopathic Medicine in 2016. She then went on to perform her residency at Marianjoy Rehabilitation Hospital.

Prior to joining the Rehabilitation Institute of Tucson, she held research positions at Massachusetts General Hospital and The Ohio State University Wexner Medical Center.

Physical medicine and rehabilitation, also known as physiatry and physiatrics, is a branch of medicine that aims to enhance and restore functional ability and quality of life to those with physical impairments or disabilities. Physiatrists treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons.

Learn More about Dr. Disha Patel:

Through her findatopdoc profile, <https://www.findatopdoc.com/doctor/2844648-Disha-Patel-surgeon>

About FindaTopDoc.com

FindaTopDoc is a digital health information company that helps connect patients with local physicians and specialists who accept your insurance. Our goal is to help guide you on your journey towards optimal health by providing you with the know-how to make informed decisions for you and your family.

Media Contact

Your Health Contact

clientservice@yourhealthcontact.com

Source : Disha Patel, DO

[See on IssueWire](#)