

題目：橋腦中央及橋腦外髓鞘溶解症在一位鼻咽癌病患接受合併化療及放射治療後

Title: Central Pontine Myelinosis (CPM) and Extrapontine Myelinosis (EPM) following Concurrent Chemoradiotherapy for Nasopharyngeal carcinoma: A case report

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Abstract:

We report a case of CPM and EPM in a 50-year-old female, following concurrent chemoradiotherapy for nasopharyngeal carcinoma. She was initially presented with severe painful stomatitis with poor intake and general malaise. She was admitted, for severe hyponatremia with serum sodium of 103 mmol/L and hypokalemia with serum potassium of 2.2 mmol/L was found. 3% sodium chloride pump and 60meQ of potassium chloride was infused at emergency department at first. During hospitalization, severe electrolyte imbalance including hypokalemia, hypocalcemia and hypomagnesemia was also noted and had been corrected over a period of time. Classical clinical syndrome of CPM has been observed since 2 days after admission and the diagnosis was confirmed by brain MRI. Brain MRI showed symmetrically increased T2 weighted signal intensity involving bilateral cortex, basal gangli, thalami, and a star shape lesion in pons. She then received rehabilitation and was discharged under relatively stable condition. Gradual improvement of neurologic consequence was noted during outpatient follow ups. Although rapid correction of hyponatremia is recognized as the main cause of CPM and EPM, factors like hypokalemia or acute hyponatremia may also be associated with, or predisposed to development of osmotic demyelinating syndrome, as illustrated in this case and in other case series. This case experience prompted us to be cautioned of electrolyte imbalance in the care of NPC patients receiving CCRT.