known that steroids, especially glucocorticoids, can modify body fat composition. Excessive epidural fat growth causing spinal stenosis has been reported during both high and low dose glucocorticoid treatment.26 Progesterone also causes enlargement of body fat depots,27 and levels of this hormone rise steadily during pregnancy. It might be, therefore, that the elevated progesterone levels during pregnancy stimulated the growth of the lipoma, leading to further compression of the sacral roots.

Whatever the mechanism, in some forms of occult spinal dysraphism, especially a tethered cord syndrome or lumbosacral lipoma, symptoms can start after childbirth. When the clinical picture is restricted to urinary dysfunction, especially stress incontinence, diagnosis may be delayed and the patient submitted to needless urological interventions.

Paraspinal myoclonus due to spinal root lesion

Sir: Myoclonus is a symptom produced by a wide variety of neurological diseases. Most commonly, myoclonus is generated from cerebral cortex, thalamus, brain stem, or spinal cord. By contrast, localised myoclonus arising elsewhere is less familiar. As an example of unusual localised myoclonus I report a case in which segmental mid-thoracic paraspinal myoclonus occurred as the only sign of an advanced spinal nerve root lesion.

A 38-year-old man was admitted with unilateral involuntary jerking in the dorsal back muscles. In the early 1960s he had had paralytic ileus, operation for which revealed a neurosarcoma. Later, mesenteric and pelvic metastases were found. The patient’s general condition had remained good until 4 months prior to admission when he experienced slight superficial pain below the left scapular region for a few weeks. The pain disappeared spontaneously. Thereafter, he was asymptomatic until he experienced jerking in the muscles of the back on the left side. The vigorous but painful jerks were present occasionally, varying from one day to another, sometimes being absent for weeks. On admission, cranial nerve and cerebral functions were unaffected. Muscle tone and strength and deep tendon reflexes were normal and symmetric. The plantar responses were flexor. No sensory disturbances could be detected, and in particular, no thoracic segmental abnormality was seen. The only abnormal sign observed was myoclonic jerking in the paraspinal muscles at the level of the 5th thoracic segment on the left side. Extensive laboratory investigations showed normal values. No abnormality was found in the plasma radiographs of skull, chest and spine. Computed tomography (CT) of the brain and EEG were normal.

Electromyography (EMG) showed a normal pattern in the muscles of the extremities and in the paravertebral muscles in the thoracic area. Unfortunately, the jerking was not present and could not be elicited at the time of the EMG investigation. Normal values were also obtained in the measurement of nerve conduction velocities and in the somatosensory evoked potentials which were examined using median, ulnar and posterior tibial nerve stimulation. Metrizamide myelography revealed a mass at the level of the 4th thoracic vertebra. CT examination showed destruction of the left pedicle of the 4th

References


Accepted 29 October 1984