

Notes from Care Team  
Progress Notes  
Mary Vo at 3/14/2025 12:00 PM  
HM Neuropathy Center Consult Note

#### History of Present Illness

Diane Harris is a 67 y/o RN with remote history of L4-5 L5-S1 laminectomy with history of suspected sero-negative stiff person syndrome who presents for neurologic evaluation. Patient is well-known to me from Weil Cornell.

She is accompanied by her husband, Scott, who provides additional history.

Briefly, she has had more than 10 years of episodic muscle spasm in the low back going down one or both legs. Episodes involve debilitating pain and usually wake her from sleep. Episodes have been more frequent since 2019, after her foot surgeries. For example, in 2021 she had an unprovoked episode where she woke up in the middle of the night with severe cramping down both legs and was unable to walk because she was unable to bend her legs. Symptoms were very painful and she sought evaluation in the local emergency room where she eventually had relief with diazepam 10 mg IV. She would have relief for weeks to months. No daytime episodes.

Exercise or over-exertion seem to trigger symptoms.

In 2023, my examination showed subtle cerebellar signs including nystagmus and lower extremity dysidiadochokinesia that seem to improve with subsequent visits.

She was treated with oral steroids, gabapentin, cyclobenzaprine, tizanidine, baclofen and caudal ESI with minimal improvement

SPS was suspected but GAD antibody was negative. EMG findings were supportive of SPS and had dramatic improvement with 10 days of valium and baclofen.

Repeat EMG was normal. Additional workup including GAD antibody, paraneoplastic panel, MRI and sleep study were also negative. Genetic testing was uninformative.

She has been taking clonazepam 1 mg BID and baclofen 10MG tid. With this regimen, she has not had severe cramping, but has constant soreness in her legs. Mild spasms usually respond to massage. She is able to carry out routine activity but has been avoiding exercise.

She notes internal abdominal cramping is worse with stress. She rarely has pain in the left arm.

Had foot cramping and redness diagnosed as RSD. She improved with sympathetic blocks in 1995 and medrol several years later. She has not needed pain medications between episodes.

#### Diagnostic studies:

EMG 3/17/22: essentially normal. chronic R L5 radiculopathy suggested by low R tibial CMAP and long R tibial F

EMG/NCS 10/20/22 shows continuous involuntary motor activity in 5/6 thoracic paraspinal muscles, consistent with Stiff Person's Syndrome.

Rheumatologic screen negative.

Labs GAD65 negative

Paraneoplastic panel negative, notably negative Amphiphysin antibody

Invitae comprehensive neuromuscular disorders panel 2/9/22: VUS in AMPD1 genes--not informative

MRI Brain and MRI cervical spine negative

Thoracic MRI was reviewed and is normal

#### Interval History:

Symptoms are well controlled with clonazepam 1mg BID and baclofen 10 mg TID. She takes about 4 doses of valium for rescue per year.

She has rare leg tightness and leg tightness improved with baclofen, moist heat, stretching and foam rolling. She has rare episodes of severe spasms usually triggered by dehydration, overexertion or emotional stress.

#### Past Medical History:

Diagnosis Date

Anxiety

Depression

Hypercholesteremia

Mitral valve disease

Thyroid disorder

#### Social History

Social History

#### Tobacco Use

- 

Smoking status:

Never

- 

Smokeless tobacco:

Never

Substance and Sexual Activity

- 

Alcohol use:

Not Currently

- 

Drug use:

Never

- 

Sexual activity:

Not on file

#### Allergies:

- 

Adhesive Tape-Silicones

Rash

-

Sulfa (Sulfonamide Antibiotics)

Rash

Allergy Reaction: Rash; Additional Comments: SULFA, severity:;;; NextGen Allergen Description and ID: SULFA (SULFONAMIDE ANTIBIOTICS) - 1379876

## Medications

### Current Outpatient Medications:

- oxyBUTYnin XL (Ditropan XL) 10 MG 24 hr tablet, Take 1 tablet (10 mg total) by mouth daily., Disp: 30 tablet, Rfl: 11
- baclofen (LIORESAL) 10 MG tablet, Take 1 tablet (10 mg total) by mouth., Disp: , Rfl:
- clonAZEPAM (Klonopin) 1 MG tablet, Take 1 tablet (1 mg total) by mouth 2 (two) times a day., Disp: 60 tablet, Rfl: 0
- metroNIDAZOLE (METROGEL) 0.75 % gel, APPLY EXTERNALLY TWICE DAILY FOR 30 DAYS AS DIRECTED, Disp: , Rfl:
- PaxiL 20 mg tablet, Take 1 tablet (20 mg total) by mouth., Disp: , Rfl:
- turmeric/turmeric ext/pepr ext (turmeric-turmeric ext-pepper) 900-100-5 mg capsule, Take by mouth., Disp: , Rfl:

## Physical Exam

BP 131/83 (BP Location: Left arm, Patient Position: Sitting) | Pulse 70 | Temp 98.3 °F (Temporal) | Resp 16 | Ht 5' 11" | Wt 97.6 kg (215 lb 3.2 oz) | BMI 30.01 kg/m<sup>2</sup>

Gen: WNWD, NAD

Neck: supple, full ROM

ENT: OP clear, hearing grossly intact bilaterally

Resp: normal respiratory effort

Gen: WNWD, NAD

Neck: supple, full ROM

Skin: no rashes

Cranial Nerves: Pupils were equal, round, and reactive to light. Extraocular movements were full. No nystagmus. Facial sensation was intact throughout. Facial strength was symmetric. Hearing was intact to finger rub bilaterally. Palate elevated symmetrically. Trapezius and SCM strength were normal bilaterally. The tongue protruded in midline.

Motor Testing: Normal bulk and tone throughout. There was no pronator drift. Fine finger movements were normal.

Detailed motor examination revealed full strength throughout the upper and lower extremities.

Reflex Exam: Reflexes were 2+ and symmetric throughout.

Gait: Gait was mildly antalgic secondary to foot tendon injury.

## Assessment/Plan

Diane J Harris is a 67 year old woman with likely seronegative SPS with history of cerebellar involvement. EMG showed continuous motor activity in thoracic paraspinal muscles. She is doing very well with baclofen and lifestyle modifications cerebellar symptoms remain resolved have improved and today's examination is normal.

Continue baclofen 10mg TID and clonazepam 1 mg BID.  
Continue diazepam prn severe spasm

Will pursue CSF GAD antibody if symptoms progress. Defer IVIG or rituximab for severe disease.

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Mary L. Vo, MD, PharmD  
Director, HM Neuropathy Center

Total clinician time spent on the date of this encounter is 45 minutes, including:

- Preparing to see the patient and review of prior notes, tests and other records.
- Obtaining, reviewing and/or confirming history.
- Independently interpreting results and communicating them to the patient, family and/or caregiver.
- Performing a medically necessary and appropriate examination.
- Ordering medications, tests, procedures, therapy and/or specialty referrals.
- Explaining diagnosis, differential, prognosis and/or treatment options and their side effects to the patient and/or family member.
- Documenting clinical information, findings, diagnosis and plan in the medical record.

No Valium in 2025 so far  
Doing well  
Balance issues  
Tendon issues from stretching

Autoimmune exercises  
Supplements

No back pain

Bladder-overactive

New

Regardless of whether bladder is full

Depends

Cranberry, turmeric, joint supplement, probiotic, magnesium 250 mg every night, vitamin C

Oxybutynin

For doctors to contact Dr. Mary Vo in case of admission to any ED for SPS:

Methodist Medical Center Houston, TX 713-441-3780