

OUR MARK: VII

EXH - (mc/01)

Brighton and Sussex **NHS**
University Hospitals
NHS Trust

Department of Neurology HWP

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Hurstwood Park Hospital
Lewes Road
Haywards Heath
West Sussex
RH16 4EX

PRIVATE AND CONFIDENTIAL

Mr Michael Anderson, Advanced
Practitioner
Sussex Msk Partnership East
Po Box 319, Eastbourne, East Sussex
BN21 9QH

Tel: 01444 441881 x 62968
Appointments: 0300 303 8360
Fax: 01444 448647

Dear Mr. Anderson,

Re: Mr Riccardo Gresta DOB: 28-3-1977

2015

Thank you for referring this 42 year old currently unemployed Italian gentleman who used to work as a care assistant, but stopped work in August 2016 because of his back pain. His principle symptom remains back pain which is in the lower lumbar spine, not lateralised, and he describes it as a constant burning pain which has been there ever since 2016. It is worse if he is sitting in any one position for any length of time, or if he stands for any length of time, and he has to move around to relieve it. There aren't any other specific positions or postures that aggravate it. He has more recently been complaining of pain in his arms when typing and he says that sometimes the pain from his back spreads right up into his neck and into his head and arms, although he is only getting headaches about twice per month. He has been complaining of burning in the left side of the neck recently intermittently. Other symptoms are hugely variable, as is his pain in fact but he did mention some tingling in the anterior right thigh which he thinks gets worse when the burning pain in the back gets worse, and if he has been walking for any length of time, this will bring the symptom on, and he says he also gets some tingling in the left thigh. He mentioned that the right arm sometimes goes to sleep at night, and he has been having some tingling in all the fingers of both hands intermittently recently, but not particularly related to any specific position or movement. There were no images transferred that I could look at, but I note that he has had an **MRI of the cervical, thoracic and lumbar spine** which does show some degenerative changes in the thoracic spine with mild wedging between T7 and T9 as well as some disc space narrowing at L3/4 and L4/5 but no significant foraminal or canal stenosis.

The neuroradiologist apparently concluded that the thoracic spine suggests previous
Scheuermann's disease.

On examination, there was a lot of functional overlay and functional weakness which was present on pretty well all movements of the legs and distraction showed this to be variable and it was reduced with encouragement, so that I felt that power was normal in all muscle groups in the legs. Passive straight leg raising was achievable to about 70° on both sides with tightness and pain in the hamstrings, but Lessegue's sign was negative on both sides. He seemed to have some pain on internal rotation of the left hip, but this is not something that he has experienced historically. Reflexes in the legs were normal. Plantar responses were downgoing and sensory thresholds to light touch, vibration sense and joint position sense were normal in the toes. In the upper limbs, he had absent left triceps reflex and somewhat reduced brachioradialis jerks on both sides, but the reflexes were otherwise normal and there was no wasting or weakness.

Opinion: I suspect that his pain does have an underlying organic basis in degenerative spine disease, but I don't think there is any indication for surgery, and there is clearly a lot of functional overlay.

Management. I will obtain his MRI scans from the Esperance Hospital where he had them done and let him know if there is anything else to do, but in the meantime, I have given him some information on how to stretch out secondary spasms in his back with lumbar spine flexion exercises, which will help him.

I have not arranged any further follow up for the time being.

Yours sincerely

Electronically checked and signed by

Dr. Angus Nisbet

Independent Consultant Neurologist

PS I would ask that if you do make any further referrals to neurosurgery or neurology or BSUH in general, that you arrange for the imaging to be transferred onto the BSUH PACS system as this would save the patient any myself time and make things run more satisfactorily.