



DR PRAKASH KATHAN
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Wits University
Donald Gordon
Medical Centre



Date: 15/11/17

Re: Andre Djelotovic

This patient was first seen on the 31/08/17, and last seen on the 07/11/17.

He has multiple complaints and examination as per previous report, since 2014.
He also has COPD, and Alpha 1 antitrypsin deficiency (heterozygous).
He was exposed to Manganese from 2010 till April 2016.

Significant findings:

Depressive symptoms

Cognitive impairment

No features of parkinsonism, with inconsistent weakness

Action, and Intention tremor, with ataxia.

Radiology review 24/04/17 and 21/09/17:

MRI Review of both MRI Brain tests done during the year show resolution of increased T1 signal in the lentiform nucleus, which could indicate Manganese deposition – especially since it was done so much time after the last exposure.

Laboratory investigation:

Elevated ACE X2

Urine Manganese (21/09/17) elevated

Serum Manganese elevated on 21/09/17, but normal on the 20/09/17. I have discussed with the laboratory, and they suspect that the normal result may be due to laboratory error, as the abnormal result was rechecked, however there can be fluctuations in the serum level during the day.

The patient was admitted from 19/10/17- 20/10/17 for a 24 Hour EEG:

The EEG result showed intermittent slowing which was generalized during the EEG for less than 10 percent of the EEG. There was no epileptiform activity noted. He had movement, EMG and chewing artefact. The EEG is abnormal, due to the slowing.

Assessment:

Likely Cerebral Manganism, but unusual presentation, without typical parkinsonian features.

His depressive symptoms have improved; however, his other symptoms have remained similar, and has not progressed.

Suggested Plan:

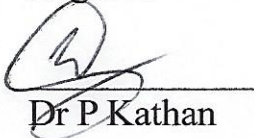
I recommend a neuropsychologist opinion to assess the extent of his cognitive impairment.

He will need rehabilitation with an occupational therapist and a physiotherapist for his coordination and walking difficulty.

He will need chelation treatment with PAS or Para amino salicylic acid.

He will need to ongoing neurology and psychiatrist review and consultation.

Regards



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15 NOV 2017

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