**Teaching Point**

*(Section Editor: K. Kuhn)*

**Quadripareisis and faecal incontinence in a long-term haemodialysis patient**

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A 58-year-old man was admitted in 1993 with quadripareisis and faecal incontinence. End-stage renal failure had been reached 22 years previously and the patient had been treated with chronic cuprophane haemodialysis ever since. Relevant past history included recurrent carpal-tunnel entrapments of both medial nerves, severe scapulohumeral periarthritis, and a pathological subcapital fracture through a large lytic lesion in the left femur which had necessitated a Thompson’s hemiarthroplasty.

On physical examination the patient had severe limitation in neck movement, and was quadriparietic. Cervical spine X-rays showed nearly complete collapse of C₄, a ‘confluent’ bony mass made up of C₃–5, and a significant subluxation between C₅ and C₆ (Figure 1). CT of the cervical spine showed complete loss of normal vertebral architecture at C₄ (Figure 2), and a transverse fracture of the body of C₅ (Figure 3). MRI showed irregularity in the spinal column between C₄ and C₇. Discectomy, bone graft, and titanium plating were performed between C₄ and C₆. Postoperatively the patient had only limited improvement in muscle power, but died within 1 month, with bacteraemia secondary to a local wound infection in the neck. Post-mortem disclosed widespread β₂-microglobulin amyloidosis in the intervertebral disc spaces and in the cervical vertebrae.

**Comment**

Destructive spondylarthropathy in the dialysed patient is becoming increasingly frequent. Although attributable to a number of factors [1], it may well be that time will show that the major pathogenetic cause behind destructive spondyloarthropathy in the

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**Fig. 1.** Lateral X-ray of the cervical spine, showing destructive spondylarthropathy, collapse of C₄, and subluxation at C₅–C₆.

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Quadriparesis and faecal incontinence point to problems in the spinal column. In long-term chronically dialysed patients such problems may be a direct consequence of destructive spondylarthropathy associated with $\beta_2$-M amyloidosis.

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Acknowledgement. As always, my thanks to my brother, Dr Zev Korzets, for the idea to publish this observation.

References