Clinical Reminders

Myasthenia gravis in older patients

We present a case of 84-year-old gentleman who presented with a history of difficulty in swallowing, especially towards the end of a big meal [1]. Functionally he was totally independent, fully self-caring and cognitively intact. On direct questioning, he admitted that there was difficulty in chewing because of fatigue on at least one occasion, but there was no history of diplopia, dysphonia and easy fatigability. Clinical examination including a thorough neurological assessment and direct laryngoscopy was normal. All invasive and non-invasive investigations were normal. Acetylcholine receptor antibody [2] was reported back to be >8 (normal being <2), and the diagnosis of myasthenia gravis was later confirmed with repetitive nerve stimulation. Myasthenia gravis is largely under-diagnosed in older population. It can present with subtle and unusual clinical pattern [3]. Anticholinesterase antibody, MuSK antibody and repetitive nerve stimulation studies can be virtually diagnostic [4, 5]. Therefore, we have to maintain a high index of suspicion in patients with subtle symptoms.

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The purple urine bag syndrome

One day after insertion of a urinary catheter, a 93-year-old woman, hospitalised for pelvic fracture, presented with an intense purple discolouration of the urine and the drainage system (see Figure 1 in the supplementary data on the journal website, http://www.ageing.oxfordjournals.org/). However, colour of the urine entering the catheter was normal.

This is a typical case of purple urine bag (PUB) syndrome [1]. The colour is seen when the pigments indirubin or indigo blue interact with the plastic of the catheter or urine bag. These pigments develop by the transformation of indoxyl sulphate (a metabolite of tryptophan) because of the presence of urinary bacteria possessing indoxyl phosphatase/sulphatase activity (mainly Pseudomonas aeruginosa, Proteus mirabilis, Morganella morganii, Escherichia coli, Providencia stuartii and Providencia rettgeri). PUB syndrome is considered to be harmless, does not influence the outcome of patients and disappears after treatment of the urinary tract infection. No special investigations should be undertaken [2, 3].

Key points

- Infrequent condition, mainly seen in elderly patients, characterised by purple colouring of urine, only when in a plastic collection system.
- The purple colour is due to a chemical reaction involving urine, plastic and enzymes from some bacteria.
- PUB syndrome is harmless, and no additional investigation is needed.

Conflicts of interest

None.

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