

Abstract

This case report presents a rare instance of extrapontine myelinolysis (EPM) as an isolated occurrence in a 32-year-old male with a history of insulin-dependent diabetes mellitus. The patient admitted with severe hyponatremia following an episode of profuse watery diarrhea, displayed a unique clinical presentation characterized by fever, generalized rigidity, and marked confusion, indicative of isolated EPM. Notably, this case deviates from the typical association of EPM with central pontine myelinolysis (CPM). The diagnosis was confirmed by the characteristic MRI findings of bilateral symmetrical hyperintensities in the caudate nucleus and putamen.

The patient's management involved a comprehensive approach comprising plasmapheresis, slow correction of sodium levels, and extensive rehabilitation. Over a month, the patient exhibited substantial clinical improvement.

This case underscores the diagnostic challenge associated with isolated EPM and its successful management, highlighting the potential effectiveness of plasmapheresis in treating this rare neurological complication.