To Whom It May Concern

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Neurosurgery International

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Re: Mr Job Rutgers DOB 3/5/67

I saw Mr Rutgers today who gave a past history of primary progressive multiple sclerosis diagnosed in 2009 in Canada. He presented with bilateral shin splints at that time. With the aid of physiotherapy, he made very good recovery and his leg pain improved.

Recently, he noticed bilateral calf pain and numbness in the soles of his feet. MRI of his lumbar spine showed degenerated L4/5 disc which was bulging.

Today, he walked unaided into the clinic with no gait disturbance. His lower limbs showed symmetry and had no deficits.

MRI of his cervical and lumbar spine with contrast was performed as part of his assessment. There is no evidence of any plaques in the cervical cord, no evidence of any enhancement either. The lumbar spine showed the same L4/5 degenerated and bulging disc which is now causing narrowing of the foramen and compression of the L5 roots.

Diagnosis:
1) based on his symptoms and lack of any new and progressive complaints, the absence of any lesions in the cervical cord (where his previous lesions were located), it is very unlikely that Mr Rutgers has multiple sclerosis.
2) there is lateral recess stenosis at L4/5 due to the bulging discs.

Treatment options:

Now that he has been trained to walk in a more upright posture. it is causing further lateral stenosis at L4/5 and hence his claudication symptoms of feet numbness occurring after 30 minutes of standing or walking. Walking in a slightly more flexed position will open up the lateral recesses but it is not the ideal posture. At the moment the symptoms are intermittent, I will not recommend surgery. If the symptoms worsens (such as persistent numbness or weakness, claudication distance being too short as to affect his activities), he may need surgical decompression.

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