You Must Remember This

### Prompt:  
  
"I have a 32-year-old female patient, a waitress, who presented with sudden onset temporary paralysis in her lower extremities. Additionally, she has been experiencing episodes of severe anxiety and apparent physical coordination issues over the past few weeks, which have led to several falls. Notably, she uniquely possesses a perfect memory, recalling every detail of her life since puberty without any difficulty.  
  
During the examination, I noted elevated creatine kinase levels, indicating possible muscle damage. Initial imaging studies and basic metabolic panels showed no indications of acute stroke or significant underlying pathology, but the patient's condition remains puzzling due to her unusual medical history.   
  
Her family history reveals no significant ailments, but the emotional stress stemming from a family dispute appears to influence her current health status. Given her symptoms and the presence of memory disturbances, what differential diagnoses should be considered, and what further tests would you recommend to clarify her condition?"  
  
### Expected LLM Response:  
  
"In this case, the patient's combination of sudden temporary paralysis, elevated creatine kinase, and unique memory capabilities suggests a complex psychological or neurological disorder. Here are some differential diagnoses and recommendations for further evaluation:  
  
Differential Diagnoses:  
  
1. \*\*McLeod Syndrome\*\*: A rare inherited condition characterized by neurological symptoms, including chorea and possible movement disorders, which may also lead to psychiatric symptoms due to imbalances. This condition could potentially explain the patient’s paralysis and memory issues due to the underlying neurological affect.  
  
2. \*\*Long QT Syndrome\*\*: This could lead to arrhythmias, especially if the patient exhibits symptoms under stress. Further tests for heart function should be conducted to rule this out.  
  
3. \*\*Parkinson's Disease\*\*: The initial presentation of symptoms can sometimes mimic those of Parkinson's, especially with motor function impairments and psychological manifestations such as depression and anxiety.  
  
4. \*\*Environmental Toxin Exposure\*\*: The acute paralysis could result from exposure to toxins that affect neuromuscular function. An environmental scan may help identify any harmful substances she may have been exposed to.  
  
5. \*\*Psychological Disorders\*\*: Stress-related dysfunction, including Conversion Disorder, could also manifest as these symptoms if there are significant unresolved family issues impacting her emotional well-being.  
  
Recommended Diagnostic Tests:  
  
1. \*\*MRI/CT with emphasis on structural brain imaging\*\*: To identify any possible lesions, atrophy, or abnormalities that might not be apparent on standard scans.  
   
2. \*\*Electrocardiogram (ECG)\*\*: To assess for arrhythmias related to Long QT Syndrome.  
  
3. \*\*Comprehensive blood tests\*\*: Including a complete metabolic panel, creatine kinase assessment for muscle breakdown, and autoimmune panels focusing on myopathies, which could help in understanding the elevated creatine kinase levels.  
  
4. \*\*Psychiatric Evaluation\*\*: To explore the psychological impact of her family dynamics and grasp the potential for underlying anxiety or depression contributing to her symptomatic presentation.  
  
5. \*\*Genetic Testing\*\*: Consideration for McLeod Syndrome or other genetic myopathies could be warranted given her family history and current neurological symptoms.  
  
Addressing these potential diagnoses promptly will be crucial, particularly as McLeod Syndrome, although rare, can lead to significant long-term morbidity if not managed appropriately."  
  
### DISEASE:  
McLeod Syndrome