ROSS SYNDROME PRESENTING AS HEAT EXHAUSTION

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Background: In 1958 Alexander Ross described the condition which now bears his name, in a patient with anhidrosis and Adie’s syndrome. It is a rare dysautonomic disorder with less than 50 cases reported worldwide and only a couple of cases from India. We present a case of a young athlete who presented with heat exhaustion, complained of excessive sweating and was diagnosed to have Ross syndrome.

Observation: 29 year-old man presented with complains of weakness, muscle cramps and history of loss of consciousness following a long run. He was managed as a case of heat exhaustion. He recovered well with rest and supportive management. He was referred to dermatologist for his complaints of excessive sweating.

He gave history of, gradually progressive, burning sensation and excessive sweating over right hand and leg, aggravated by exertion, for last 5-7 years. He was a long-distance runner and gave history of hospitalization for heat exhaustion on two previous occasions. There was no history of trauma or history suggestive of orthostatic hypotension or Hansen’s disease.

He had patchy hyperhidrosis over face, right forearm, right side of chest and right leg. The starch-iodine test substantiated it. The deep tendon reflexes at biceps, knees and ankles on both sides were sluggish. Although visual acuity was normal however there was anisocoria of 1.7 mm with poor light reflex on right side and no anisocoria in scotopic condition indicated right tonic pupil. Constriction of right pupil with dilute pilcorapine (0.1%) and presence of light-near dissociation confirmed Adie’s pupil.

Biopsy from the hyperhidrotic skin on the right side showed dense sweat glands and that from the hypohidrotic region showed sparse sweat glands.

Key message: Ross syndrome is a rare condition and it is therefore likely to be missed as a cause of heat exhaustion, in a young physically active individual.