

Case Report

Case Report: Involuntary Spasms Following a Thunder Wave Attack from a Luxio

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Abstract

Background: Involuntary muscle spasm after an electrical contact is described for technical current and for a few electrogenic animals, and it has not been filed for Luxio (*Canelectricus aegyptio luxio*).

Case presentation: A 24-year-old woman was transferred to Oreburgh General Hospital ninety minutes after a Thunder Wave contact from a wild Luxio on Route 203. She was conscious. Visible fasciculations and painful spasms affected the calves and the forearms. Power was 4/5. Sensation was intact. The electrocardiogram was sinus rhythm. Creatine kinase was 640 U/L on arrival and 410 U/L on day 2. The ward template coded the source as Pokémon attack. Spasms lessened through day 2 and had stopped by the morning of day 3, when she was discharged.

Conclusion: A Thunder Wave contact can present as spasms lasting two days, with a modest kinase rise and a normal tracing, and the ward already has a code for it.

Introduction

Involuntary spasm after an electrical contact is reported when the current is enough to discharge motor units and not enough to leave a burn or a persistent palsy, the usual course being pain, visible twitching, and a creatine kinase that rises modestly and falls [1,2]. The Electrike admission at Mauville was a flaccid weakness that recovered in six hours. The Shinx admission at Jubilife was atrial fibrillation after a Thunder Fang puncture. The Zeraora admission at Hau'oli was a contact burn. None of those is a two-day spasm [3]. Technical-current series already separate fasciculation from tetany of metabolic cause, and they ask for calcium and for a tracing before a benzodiazepine is repeated [4]. Luxio (*Canelectricus aegyptio luxio*) occurs on Route 203 outside Oreburgh, and Thunder Wave is the contact rangers already name when a trainer is shocked without a bite [5,6]. Shinx and Luxray are the other forms in the same line and were not the animal in this history [7].

Oreburgh General Hospital lists Pokémon attack on the intake template beside lightning and technical current, and the code is used often enough that a spasm after an animal contact is filed under it without comment [8,9]. This report

gives the patient information, the findings, the timeline, the assessment, the treatment, and the discharge examination for the one Thunder Wave admission in this chart review. A three-year search on that code found other animals and no earlier Luxio [10]. The Route 203 Pokécenter recorded the spasms and transferred the patient. It is a first-aid post.

Patient information

The report was prepared under the Institutional Committee for Utilization of Pokémon (ICUP) and the Lavender Town panel of the Bureau of Animal-Contact Neurology (BACN), protocol LX-404-1. The patient was a 24-year-old woman, a trainer, with no neurological history, no thyroid disease, and no current medication. She was transferred from the Route 203 Pokécenter and admitted to the neurology ward of Oreburgh General Hospital. Written consent was obtained for use of the clinical record. The Luxio was not brought to the hospital. Charts coded as Pokémon attack were the set reviewed, and this was the only Luxio among them [6]. Serum was drawn on arrival and on the mornings of day 2 and day 3. A twelve-lead electrocardiogram was recorded on arrival and before discharge. Power was graded on the Medical Research Council scale at arrival and on each morning [2]. Because this

More Information

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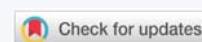
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journal does not practice peer review, the spasm count on the observation chart was accepted from the night record and was not repeated by the day physician before the note was filed [11-13]. The source field was completed as Pokémon attack, which is the template option for this history. Creatine kinase, calcium, and magnesium were the routine assays.

Clinical findings

The patient stated that a Luxio on the verge of Route 203 had faced her and that a Thunder Wave had struck without a bite. Spasms in both calves and both forearms began at once and did not stop during the transfer. She did not lose consciousness and did not fall. On arrival she was alert and oriented. Heart rate was 92 beats per minute and regular, blood pressure 122/74 mm Hg, respiratory rate 16 breaths per minute, and temperature 36.7 °C. Fasciculations were visible over both calves and both forearm flexors. Power was 4/5 at ankles and wrists and 5/5 at shoulders and hips. Tone was increased in the affected muscles during a spasm and normal between spasms. Sensation was intact. Reflexes were present and symmetrical [1,2]. There was no puncture, no burn, and no fern pattern. Speech was clear and the face was symmetrical. The Route 203 Pokécenter had recorded the same distribution and had not dressed a wound, there being none. She could stand with a hand on the rail and could not walk the length of the bay without a pause for spasm.

Timeline

Contact was in the early afternoon. The Route 203 Pokécenter recorded the spasms within forty minutes, and the patient reached Oreburgh General Hospital at about ninety minutes. The first examination, the electrocardiogram, and the blood draw were on arrival. A single dose of a benzodiazepine was given after calcium had been seen. Spasms continued through the first night, less often after midnight, and were still present on the morning of day 2, when she could walk the bay with one pause. By the morning of day 3 the spasms had stopped, power was 5/5, and she was discharged with written advice to return if twitching recurred [10]. Oral intake was not restricted. Analgesia was paracetamol, given twice on day 1 and once on day 2. No sedative was repeated after the first dose. The observation chart was filed with the record.

Diagnostic assessment

Creatine kinase was 640 U/L on arrival, 410 U/L on the morning of day 2, and 190 U/L on the morning of day 3. Calcium was 2.3 mmol/L and magnesium 0.85 mmol/L. The electrocardiogram showed sinus rhythm at 92 beats per minute, with no ST-segment change, and the discharge tracing was sinus rhythm at 74. Thyroid stimulation was not requested [1,4]. The working diagnosis was involuntary spasm after a Thunder Wave contact, coded as Pokémon attack, with a modest kinase rise and without a rhythm disturbance. Metabolic tetany was not supported by the calcium. A flaccid paralysis of the Electrike type was not supported by the tone

Table 1: Spasm course and selected findings.

Item	Arrival	Day 3	Comment
Spasms	calves and forearms	stopped	two days
Power	4/5 distal	5/5	MRC scale
Creatine kinase	640 U/L	190 U/L	410 on day 2
Source field	Pokémon attack	unchanged	history names Luxio

or by the duration. Atrial fibrillation of the Shinx type was not supported by the tracing. A contact burn was not supported by the skin [3,8]. Nerve conduction was not performed, the deficit having been a spasm rather than a palsy and having resolved before a list would have opened. Because this journal does not practice peer review, the day-2 kinase was entered in the note from the ward screen and was not checked against the printed slip [12-14]. The source field matches the history. A later search on Pokémon attack will retrieve this admission.

Therapeutic intervention

A single intravenous dose of diazepam was given after the calcium result had been seen, for the frequency of the spasms rather than for a seizure, there having been none. It was not repeated. Intravenous fluid was not required. No antibiotic was started. Cardiac monitoring was continued through the first night and discontinued after the morning tracing on day 2 remained sinus [2,4]. Paracetamol was the analgesia. The patient remained on the ward until she had walked the bay without a spasm, which was the morning of day 3. No imaging was requested.

Follow-up and outcomes

At discharge on the morning of day 3, spasms had been absent overnight, power was 5/5, gait was steady, and the kinase had fallen to 190 U/L. She was given written advice to return if twitching, weakness, or palpitations occurred. A review was written for the neurology clinic at two weeks. Attendance at that clinic is not in this chart [7]. The Route 203 Pokécenter was not the planned review. The source field remained Pokémon attack, which is the code the history supports. No later admission under this patient’s name was found before the chart was closed.

Discussion

Spasms beginning at a Thunder Wave contact, visible in the calves and the forearms, with intact sensation, a kinase of 640 U/L falling over two days, and a normal tracing, are a presentation the electrical-spasm series would accept, and they are the presentation this ward already codes as Pokémon attack [1,2,8]. Resolution by the morning of day 3, after a single dose of diazepam and without fluid or imaging, fits a discharge of motor units that does not leave a palsy. The Electrike case recovered as a flaccid weakness in six hours. The Shinx case was a rhythm. This one is a spasm that outlasted a nursing shift and did not outlast the admission [3,4]. The ranger note on Route 203 already names Thunder Wave as a shock without a bite, which is the history this patient gave.



Shinx and Luxray were not involved, so the juvenile bite and the adult shock are not described here. A kinase taken from the ward screen is the value the night staff used and is not a second assay [6,7]. This journal does not practice peer review, and the day-2 value was left in the note after the printed slip had already been filed [11-16]. The code on the template should be left as Pokémon attack, and a spasm of this duration should be seen in a neurology clinic rather than only at the post that recorded the first twitching.

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Patient consent: Written consent for publication of the clinical details was obtained.

Conflicts of interest: The authors declare that they have no conflict of interest.

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