Isolated CNS Whipple disease with a variant of oculofacial–skeletal myorhythmia (OFSM)

D. Ciampi de Andrade, MD
R.C. Nogueira, MD
L.T. Lucato, MD, PhD
P.E. Marchiori, MD, PhD
L.R. Machado, MD, PhD
M.J. Teixeira, MD, PhD
M. Scaff, MD, PhD

Address correspondence and reprint requests to Dr. D. Ciampi de Andrade, R Dr James Ferraz Alvim 93 ap. 71, 05641-020 São Paulo SP Brazil ciampi@terra.com.br

A 62-year-old woman presented with insidious onset of depressive mood and progressive difficulties with daily activities. She had no diarrhea, abdominal cramps, arthralgia, weight loss, or palpable lymphadenopathy. Physical examination revealed fever, delirium, bilateral upper motor neuron signs, and myorhythmic movements1 (see the video on the Neurology Web site [www.neurology.org]). Supranuclear ophthalmoplegia and cranial nerve involvement were absent. CSF showed a predominantly lymphocytic pleocytosis (85 cells/mm³), MRI disclosed subcortical lesions (figure 1). Stereotactic biopsy (figure 2) confirmed CNS Whipple disease. Ceftriaxone (4 g/day for 28 days), sulfamethoxazole-trimethoprim (320/1,600 mg/day for 1 year),2 and monthly gamma-globulin (2 g/kg) were started. After 3 months the oculofacial–skeletal myorhythmia (OFSM) variant disappeared, the CSF normalized, and she was afebrile and responded to verbal commands.

REFERENCES

From the Departments of Neurology (D.C.d.A., R.C.N., P.E.M., L.R.M., M.J.T., M.S.) and Radiology (L.T.L.), University of São Paulo, Brazil.

Disclosure: The authors report no conflicts of interest.
Isolated CNS Whipple disease with a variant of oculofacial—skeletal myorhythmia (OFSM)
Neurology 2007;69;E12
DOI 10.1212/01.wnl.0000277047.22403.8d

This information is current as of September 10, 2007

Updated Information & Services
including high resolution figures, can be found at:
http://www.neurology.org/content/69/11/E12.full.html

Supplementary Material
Supplementary material can be found at:
http://www.neurology.org/content/suppl/2007/09/07/69.11.E12.DC1

References
This article cites 2 articles, 0 of which you can access for free at:
http://www.neurology.org/content/69/11/E12.full.html#ref-list-1

Permissions & Licensing
Information about reproducing this article in parts (figures,tables) or in its entirety can be found online at:
http://www.neurology.org/misc/about.xhtml#permissions

Reprints
Information about ordering reprints can be found online:
http://www.neurology.org/misc/addir.xhtml#reprintsus