Oculopalatal tremor and severe late-onset cerebellar ataxia

Following four recurrent bleedings of a mesencephalic cavernoma within 10 years (figure 1A), a 62-year-old woman demonstrated left kinetic cerebellar syndrome. She then developed oculopalatal tremor (OPT) associated with bilateral inferior olive hyperintensity (figure 1B). Gamma knife radiation was performed, but she developed severe cerebellar ataxia. OPT secondary to brainstem strokes and associated with progressive ataxia is rare.1 Diffusion tensor MRI (DTI) showed decreased number of fibers in the right tegmentum of the patient as compared to a control subject (figure 2). These results give credit to the hypothesis of central tegmental tract interruption in pathophysiology of OPT (figure 1C).2

Caroline Tilikete, MD, PhD; Salem Hannoun, MS; Norbert Nighoghossian, MD, PhD; and Dominique Sappey-Marinier, PhD, Bron Cedex, France

Disclosure: The authors report no disclosures.

Address correspondence and reprint requests to Dr. Caroline Tilikete, UMR-S864, Espace et Action, 16 avenue du doyen Lépine, 69 676 BRON Cedex, France; caroline.tilikete@inserm.fr

Oculopalatal tremor and severe late-onset cerebellar ataxia
Caroline Tilikete, Salem Hannoun, Norbert Nighoghossian, et al.
Neurology 2008;71;301
DOI 10.1212/01.wnl.0000318287.29513.6d

This information is current as of July 21, 2008