DANCING EYES IN CASE OF FEBRILE ILLNESS

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INTRODUCTION: Rapid involuntary conjugate eye movements without intersaccadic interval is called as opsoclonus. Opsoclonus is commonly with paraneoplastic, para-infectious and miscellaneous causes. Scrub typhus presenting as opsoclonus is usually rare. They are some reported cases of scrub typhus presenting as isolated opsoclonus(1), isolated cerebellar dysfunction and opsomyoclonus(2). Here, we report a case of scrub typhus presenting with opsoclonus and cerebellar dysfunction.

CASE REPORT: A 39year old male presenting with history of fever, headache, difficulty in walking for one week along with abnormal movements of eyes from day four of fever onset. PR-108/min, BP-140/80mmHg, Temp-100°F. Systemic examination revealed eschar on left lower limb. On neurological examination patient was conscious, oriented, opsoclonus present. No motor, sensory deficits and abnormal movements. Cranial nerve examination was normal. Cerebellar examination revealed impaired finger nose, finger finger test, ataxia and tandem walking difficulty.

INVESTIGATIONS: Routine investigations revealed a deranged liver function test(LFT), with elevated AST (173U/L), ALT (207U/L) and ALP (226U/L). Renal function test (RFT) was also deranged, with serum urea 75mg/dl and creatinine 2.5mg/dL. Elevated counts with thrombocytopenia was present. ECG and echocardiography were normal. In view of eschar, scrub typhus (IgM) was sent which was positive. Blood culture and urine cultures were negative. Brain MRI and CSF examination was normal. Autoimmune and paraneoplastic panel was negative. Patient was treated with full course doxycycline and steroids.



DISCUSSION: Scrub typhus classically presents as acute febrile illness, with hepatocellular injury, acute renal failure and acute lung injury. Neurological syndromes in scrub typhus patients are meningitis, meningoencephalitis. Rare neurological syndromes include EPS, opsoclonus, myoclonus, parkinsonism and cerebellar involvement. A review of existing literature on opsoclonus in scrub typhus, available as few case reports, revealed that four patients presented with isolate opsoclonus. The other two patients presented with opsomyoclonus. Although isolated cerebellar dysfunction was reported, cerebellar dysfunction in association with myoclonus has not been described. We present a clinical pattern of opsoclonus associated with cerebellar dysfunction.

CONCLUSION: Opsoclonus is a rare manifestation of scrub typhus usually occurs in association with myoclonus. However, our case presented with cerebellar dysfunction along with myoclonus.

REFERENCE: 1) Ralph R, Prabhakar AT, Sathyendra S, Carey R, Jude J, Varghese GM. Scrub Typhus-Associated Opsoclonus: Clinical Course and Longitudinal Outcomes in an Indian Cohort. Ann Indian Acad Neurol. 2) Garg D, Dhamija RK. Opsoclonus-Myoclonus Syndrome as a Heralding Feature of Scrub Typhus: An Illustrative Case with a Video Vignette. J Mov Disord.