Clippers syndrome in a young patient with ataxia and dizziness

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Introduction: Chronic lymphocytic inflammation with pontine perivascular enhancement responsive to steroids: A rare central nervous system inflammatory disorder involving predominantly the pons as a distinct form of brainstem encephalitis centered on the pons, and/or the spinal cord. Usually presented with symptoms/signs referable to brainstem, cranial nerve-and/or cerebellar dysfunction. Symptoms related to long tract affections and/or spinal cord syndrome. Paresis, spasticity, plantar response, hyperreflexia, altered sensation of the extremities, decrease vibration sense, neurogenic bladder and cognitive deficits. Responsive to steroids and long term immunosuppression. MRI with contrast is a useful tool to help for early diagnosis of such cases.

Case description: Here we are going to report a case of a 28-year-old, previously healthy female presented to the ED with a history of blurring of vision, dizziness, headache, and paraesthesia of lower limbs, not alcoholic or smoker, no H/O drug intake. No family history of chronic disease. On examination the patient had normal vital signs (Temp. 37.2, RR 18 and SpO2 100%) her ENT examination is unremarkable. Her neck movements are unrestricted. Cardiovascular, respiratory and abdominal examinations are unremarkable. Her pupils are equal and reactive; fundoscopy is normal. She is orientated and follows commands, horizontal Nystagmus, DTRS exaggerated symmetrically, plantar reflex down going on the left equivocal on the right, positive Romberg sign to the left and dysdiadochokinesia.

Results and conclusions: Non contrast CT head showed left periventricular parenchyma calcification suspicious of hemorrhagic spots. MRI brain showed multiple punctuate and curvilinear enhancing foci, B/L cerebral scattered ovoid bright signal intensity ring enhancement small nodules workup was done to exclude Meningitis, TB encephalitis, CNS lymphoma, Toxoplasmosis, HIV, Vasculitis and Demyelination. Results were negative. Steroids started and the patient improved.

Take-home message: Careful history taking and a high index of suspicion of central causes of vertigo is needed when a patient presents with dizziness.