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Parkinsonism, cerebellar ataxia, secondary depression and colon adenocarcinoma in anti-Ma2-associated atypical encephalitis

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Anti-Ma2 antibody encephalitis is linked to germ cell tumors of testis in young men, it can also present in elderly females with Parkinsonism/myoclonus/athetosis/chorea etc. with cerebellar involvement and secondary depression with no features of encephalitis. Initiating treatment with steroids, IVIG, plasmapheresis can control the symptoms and after resection of the residual tumor the patient can be totally cured. Tumor imaging is very important because this type of disease is involved with malignancy of different organs and it's very easy to be missed on 1st occasion. So repeated tumor markers levels in blood and organ imaging is essential to diagnosis at an early stage. A 68-year-old female presented to our department with resting tremor of right hand for 2 years. After 6 months, resting tremor gradually involved her right leg. Anti-parkinsonian drugs were initiated but her symptoms worsened gradually. Since last 3 months, she developed features of imbalance with occasional falls and a weight loss of 10 kg. Neurological examination showed features of Parkinsonism. Brisk DTR right side more than left with abnormal cerebellar signs. CE MRI mild atrophy of cerebellum, anti-Ma2 antibodies in serum and CSF positive and Serum cancer antigen 72-4 was elevated. A sigmoid colon mass was discovered by colonofiberscopy and adenocarcinoma was diagnosed via tissue biopsy. Steroids, IVIG and resection of the tumor completely cured the disease. Parkinsonism or cerebellar ataxia as main component of anti-Ma2-associated encephalitis was rarely reported. Colon adenocarcinoma was rarely reported in this diseases and response rate to treatment relatively very high.

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