

JOINT EVENT

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&
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Parkinsonism secondary to metastatic brain tumor: A case report**Semra Ari**

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Objective: Brain tumors are rare causes of parkinsonism. The tumors causing neoplastic parkinsonism are astrocytomas, meningiomas, craniopharyngiomas, colloid cysts and more rarely, metastatic brain tumors. Mass effect to basal ganglia takes an essential role in the mechanism of pathological findings.

Materials & Methods: We present an unusual case of parkinsonism secondary to a metastatic brain tumor. A 60 year old male patient was admitted to our hospital with a history of gradually decreasing speech content, slowing of speaking, blurring of gaze and slowing of movements for two months. The neurological examination had mask face, hypophonic speech, bradykinesia and rigidity in the left arm and leg. Idiopathic Parkinson's disease (IPD) was first suspected during diagnosis, but the presence of small cell lung cancer in patient past history and a rapid progression in neurological symptoms suggested the possibility of secondary parkinsonism and brain magnetic resonance imaging (MRI) was performed immediately.

Results: A 27×30 mm sized lesion with very distinct edema effect and heterogeneous contrast enhancement in the right frontoparietal area was found in MRI. The lesion was initially interpreted as a metastatic brain tumor, the patient underwent surgery and all extrapyramidal findings were resolved.

Conclusion: Uncommon causes of parkinsonism like brain tumors may resemble clinical features of IPH; thus, we wanted to emphasize that imaging should once again be performed for differential and accurate diagnosis and treatment planning, especially in cases with rapid and progressive course.

Biography

Semra Ari has completed her PhD from Atatürk University and Post-doctorate from Istanbul Medeniyet University, Training and Resource Hospital. She is now working as a Neurologist at Yunus Emre State Hospital.

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