

International Conference on

NEURO-ONCOLOGY AND PSYCHIATRY

September 14-15, 2018 Singapore

Parkinsonism and cerebellar ataxia and colon adenocarcinoma in anti-Ma2-associated encephalitis**Rajib Dutta**

West China University of Medical Sciences, China

Statement of the problem: Anti-Ma2 antibody-associated encephalitis, which usually occurs in young men with germ cell tumors of the testis with features of encephalitis, it can also present in elderly females with basal ganglia disorder features like parkinsonism and cerebellar ataxia in absence of limbic or brainstem or di encephalic encephalitis. Patients may not present with any form or symptoms of encephalitis but the treatment response rate with steroids, IVIG, plasmapheresis to control the initial symptoms is very high and after resection of the tumor all the symptoms can be totally cured. So, even there is no evidence of tumor on basic contrast CT/MRI scans, other special imaging like FDG-PET or highly advanced tumor searching imaging plus serum tumor markers of different tumors should be considered as the tumor spectrum associated with anti Ma 2 antibody encephalitis is huge and resection of the tumor can totally cure the patient.

Case: 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. Antiparkinsonian 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 examinations 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. 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.

Conclusion: 1) Parkinsonism or cerebellar ataxia as main component of anti-Ma2-associated encephalitis was rarely reported. 2) Colon adenocarcinoma was rarely reported in this diseases. 3) Response rate to treatment relatively very high.

Biography

Rajib Dutta is a postgraduate neurology trainee 1st year in china with MRCP UK London, Diploma in emergency Medicine (Royal college UK), Diploma in clinical neuropsychology(UK), Pediatric Neurology certification BPNA (UK, ongoing). His professor is a movement disorder and neurodegenerative specialist in china and they see different spectrum of movement disorders patient like chorea, dystonia, PD, tremors myoclonus, AD, FTD, ALS, LBD, WD and other disorders like, PERRY syndrome, Episodic ataxias, Parkinson plus syndromes (MSA, PSP, CBD), Dyskinesias (PKD, PED etc) . His research interest revolves around PD, Camptocormia, Paraneoplastic antibody syndromes or degeneration related to movement disorders, He has recently submitted a meta analyses of vit D and its association with PD in frontiers of neuroscience under review plus submitted this above mentioned abstract in Movement disorders under review, working on WD with secondary PKD, Face of Giant Panda in WD, PARK 2 neuropathy.

rajibdutta808@gmail.com