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

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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 diencephalic 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. 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 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, serum cancer antigen 72-4 were elevated. A sigmoid colon mass was discovered by colonofiberoscopy 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 disease. Response rate to treatment was relatively very high.

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