

신경과 협진에서 흔한 이상 운동질환

- Common movement disorders in neurology consultation



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Common consultations

- Main department: IM, OS, RM, PSY
- Involuntary movement of face, extremities
- Sudden or subacute (after admission) tremor on extremities
- Motor weakness or clumsiness
- Dysarthria
- Gait disturbance

What to do before we check the N/Ex of the patients

- The reason why admission
- Brief previous history a/w neurological problems
- Previous medical history
- Present medication
- MRI images
- Laboratory findings

CASE 1



- 최근 천식으로 타 병원에서 1주일간 입원치료 기왕력
- 퇴원시 입원기간 중 썼던 천식약과는 다른 약이 투여됨
- 개인병원에서 propranolol, rivotril을 복용했으나 호전 없음
- Surfolase cap (acebrophylline)
 - airway mucus regulator with anti-inflammatory action
- Daxas tab (roflumilast)
- Incruse Ellipta inhalant (umeclidinium Bromide Micronized)

Drug induced tremor

CASE 2



- 2005년 경부터 손 떨림 발생
- 주로 물건을 잡을 때 떨리는 정도
- 최근에 손 떨림과 전신 떨림이 심해짐
- 개인병원에서 thyroid test TSH < 0.01, T3: 231.3, T4 9.91
- Antithyroid (propylthiouracil), Inderal 복용하다 두 달 전 자가중단
- Diffuse toxic goiter diagnosed
- Thyroid scan, sono, TFT f/u → MMZ, concor 5mg 복용

Thyrotoxicosis induced tremor

CASE 3



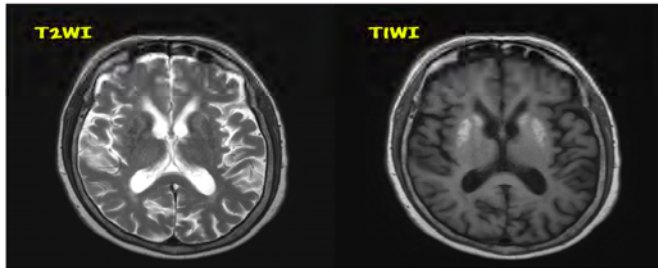
- DM-CKD, HT, dyslipidemia, depression
- BUN/Cr: 22.4/ 2.35

Myoclonus d/t metabolic cause

CASE 4



- DM 20년 이상, insulin treatment
- DM retinopathy, DM nephropathy
- 최근 한 두달 동안 혈당조절이 잘 안됨
- 일주일 전부터 어깨가 저절로 움직이고, 최근엔 다리도 움직임



Hyperglycemic encephalopathy

CASE 4-1



CASE 5



- ARF d/t GN → hemocath insertion
- ANCA associated vasculitis → plasmapheresis
- Kidney Bx - > crescentic GN → regular RHD
- Involuntary movement on all four limbs

Chorea in ANCA related glomerulonephritis

CASE 6



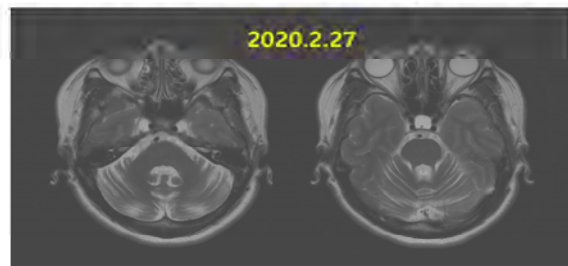
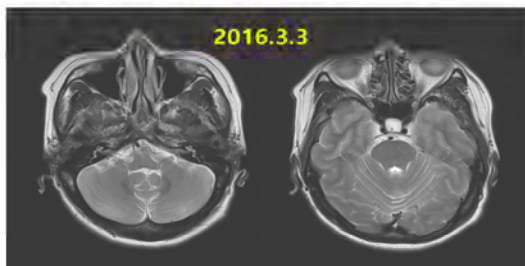
- Cardiac arrest, LOC → CPR and ROSC
- STEMI – primary PCI, ICU care
→ 일반 병실 전동 후 혼자서 앉아 있을 수 있으나 혼자 서기가 어렵다
- MNSEP – wnl
- PTSEP – cauda equina ~ cerebral cortex somatosensory dysfunction
- MEP (upper) – no delay
- Limb & Truncal ataxia
- No motor weakness
- Sensory change – none/ proprioception – intact
- DWI, Perfusion and f/u MRI-e – wnl

Ataxia after hypoxic brain insult

CASE 7



- Acute myeloblastic leukemia (AML): Ara-C treatment
- Severe finger ataxia, GEN, down beat nystagmus
- RAM 2/2, dysidiadochokinesia +
- Cytarabine cause reversible or irreversible cerebellar dysfunction



Cytarabine induced cerebellar ataxia

CASE 8



- Chemotherapy d/t recurrent AGC
- Etoposide + 5FU
- Sudden onset isolated leg tremor (Right)
- Pause during positional change
- Change the frequency during distraction
- Disappeared after discharge

Functional movement disorder