

OPSOCLONUS MYOCLONUS SYNDROME: RICKETTSIAL FEVER

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INTRODUCTION

Opsoclonus-myoclonus syndrome (OMS) is a rare inflammatory neurological disorder, characterized by rapid, multidirectional eye movements, muscle jerks, gait and sleep disturbances. It can be paraneoplastic, parainfectious or miscellaneous conditions. Rickettsial infections especially scrub typhus presents as OMS, caused by *Orientia tsutsugamushi* spreads by bite of trombiculid mite.

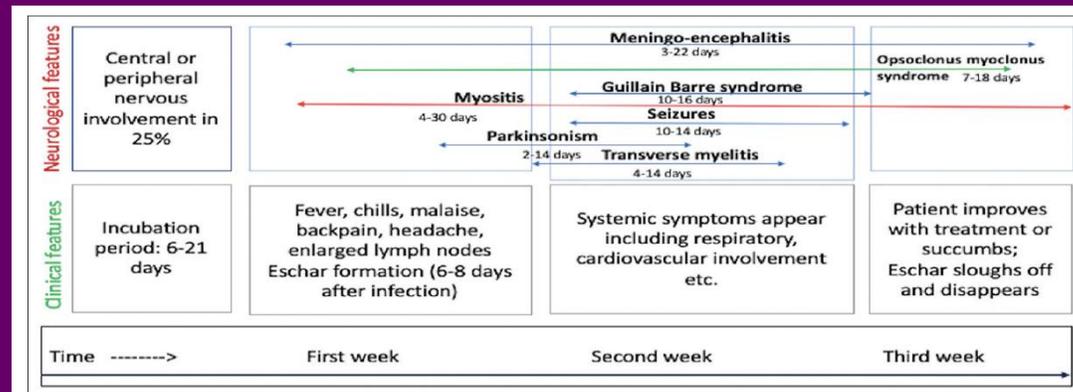
PATIENT PRESENTATION

A 19 year old male presented with fever, headache, vomiting for 1 week and followed by involuntary movements of bilateral upper and lower limbs. No history of rash or localizing signs. On examination patient had rapid, repetitive, involuntary, arrhythmic, multidirectional intersaccadic eye movements suggestive of opsoclonus and generalized myoclonic jerks were present. Routine investigations showed elevated counts and CT and MRI brain done normal. Paraneoplastic, autoimmune work up and CT abdomen and Chest came normal. CSF showed mildly elevated protein. As a evaluation of fever antibodies for rickettsia IgM was sent which came positive and even the CSF came positive for rickettsia. Patient was treated with doxycycline for 14 days and other supportive measures. Patient improved and discharged from bedridden to walking state.

PICTURES



CLINICAL COURSE



DISCUSSION

The most common cause of OMS in young children is paraneoplastic syndromes. CNS involvement in scrub typhus occurs it has a prevalence of 12.5%-26%. Most common manifestations in scrub typhus include meningitis and meningoencephalitis. Infections described in association with opsoclonus include Lyme's disease, post streptococcal, varicella zoster virus, Epstein barr virus, Coxsackie b virus, enterovirus and West Nile encephalitis virus. Rare non-paraneoplastic, non-parainfectious autoimmune cases with glutamic acid decarboxylase-65 (GAD65) antibody have also been described.

CONCLUSION

Opsoclonus is a rare neurological manifestation of scrub typhus it can be isolated presentation or occur in combination with myoclonus, cerebellar dysfunction, and/or EPS. This highlights the rare manifestation of a common disease and early diagnosis to prevent further fatal complications.

REFERENCES

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