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Two Cases of Acute Cerebellitis

Hyo Suk Nam, M.D., Kyung Yul Lee, M.D., Yeon Kyung Jung, M.D., Byung In Lee, M.D.*,
Won Chan Kim, M.D., Won-Joo Kim, M.D., Young Chul Choi, M.D.** , Un Kyo Jung, M.D.***

*Department of Neurology, College of Medicine, Yonsei University
Shinchon Severance Hospital*, Yongdong Severance Hospital**
Department of Otorhinolaryngology, College of Medicine, Yonsei University****

Acute cerebellitis occurs in the absence of cerebral hemispheric involvement and is exceptionally rare. It is characterized by an acute onset of cerebellar dysfunction following a respiratory, gastrointestinal infection or skin rash. However, almost all patients show good prognosis. We experienced two cases of acute cerebellitis in young adults. One patient was admitted due to gait ataxia and dysarthria. The immunological laboratory findings revealed an acute Epstein Barr virus infection and an electronystagmogram showed a periodic alternating nystagmus. The other patient was admitted due to severe gait ataxia, with no identification of any organism. CSF examinations revealed elevated protein and brain magnetic resonance images showed cerebellar foliae enhancement bilaterally. Both patients recovered without any disabilities.

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Key Words : Cerebellitis, Epstein Barr virus, Periodic alternating nystagmus

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(episodic ataxia), (hyperther-
mia), ¹
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(periodic alternating nystgmus, PAN)
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* Address for correspondence
Byung In Lee, M.D.
Department of Neurology,
College of Medicine, Yonsei University
Shinchon-dong 134, Seodaemoon-ku,
Seoul, 120-757, Korea
Tel : +82-2-361-5460 Fax : +82-2-393-0705
E-mail : bilee@yumc.yonsei.ac.kr

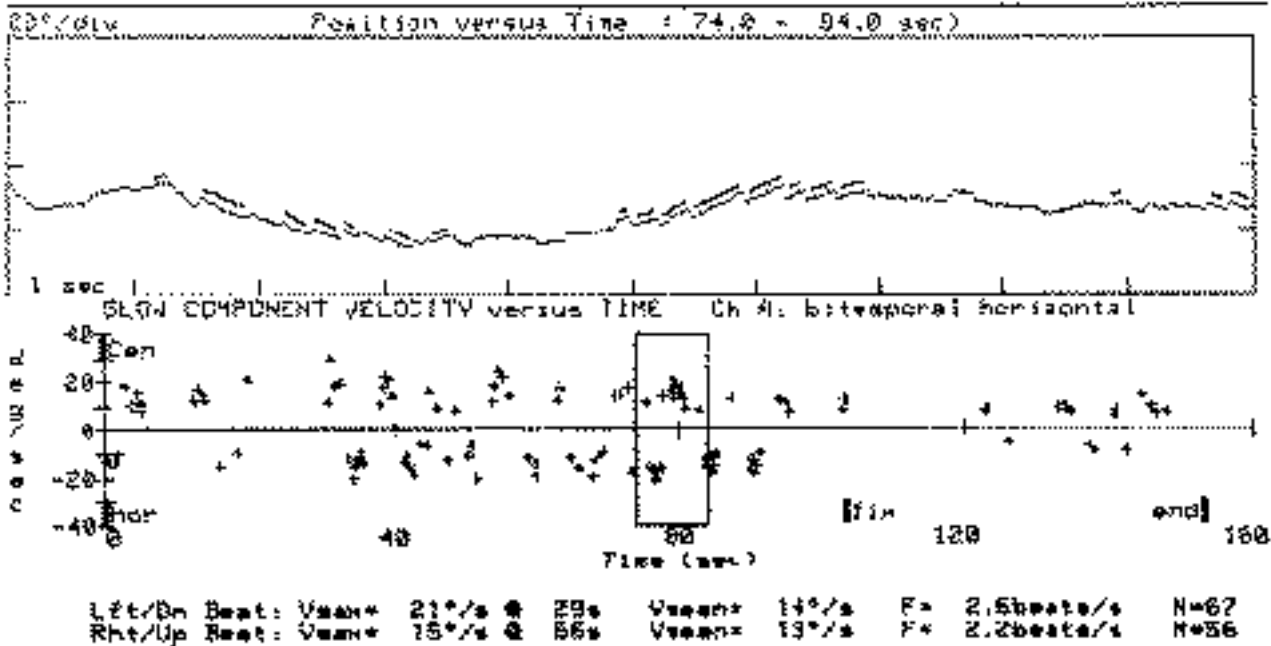


Figure 1. Electronystagogram in case 1; Periodic alternating nystagmus was seen in primary eye position. Beating to the right then to the left, in short period, 3 to 4 seconds, separated by 1 to 2 seconds pause.

110mmCSF, 0/mm³, 0/ 가 -
 mm³, 38mg/dl, 61mg/dl
 4 2
 early antigen (EA) IgM, EA-IgG, (foliae) (Fig.
 Epstein Barr nucleic acid (EBNA) IgG 2A,2B). 110mmCSF, 7/
 3 4 mm³, 1/mm³, 130mg/dl, 62mg/dl
 가
 (periodic alternating nys-
 tagmus, PAN) (Fig. 1). EA IgM, EA-IgG EBNA IgG가
 (saccade), (pursuit)
 (optokinetic nystagmus)

가 ((Fig. 3).
 1.13, 0.82).

2
 17 가 10
 20 가 가
 가 가 가
 가 가 가¹⁻⁴ Batton^{1,5}

가 EBNA IgG가 EBV 가

1 (periodic alternating nystagmus) 90 10 2

1, 8 Reis et al⁹

1 2

1-2,4,10 T2

가 3,11 9,12 3,12 1

2 Horowitz et al³ 6

가 1 2

1-3 4 91% 가 Klockgether et al² 12

11 9 가 2

60 2

가 3,12 1 2

2 가

60

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