

Figure. FLAIR (left column) and T2*-weighted gradient echo (right column) brain MRI showing a hemosiderin-laden cavernous malformation in the right tegmental region of the upper pons (A) and medulla (B). This lesion interrupts the central tegmental tract, the intra-brainstem component of the Guillain-Mollaret triangle, causing ipsilateral signal changes in, and enlargement of, the inferior olive (arrows). Note the normal appearing left inferior olivary nucleus (arrowhead).

Cerebellar limb tremor and inferior olivary hypertrophy

Alberto J. Espay, MD, MSc; and Fredy J. Revilla, MD, Cincinnati, OH

A 49-year-old wheelchair-bound man was rendered left hemiparetic, dysarthric, and diplopic after a brainstem hemorrhage.

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Address correspondence and reprint requests to Dr. Alberto J. Espay, Assistant Professor of Neurology, Department of Neurology, University of Cincinnati, 231 Albert Sabin Way, MSB 4503, Cincinnati, OH 45267-0525; e-mail:alberto.espay@uc.edu

Several months later he developed a progressively disabling left arm tremor. Examination showed skew deviation, left hemipare-sis, left hemianesthesia, truncal ataxia, and a postural and action proximal left arm tremor (video). Brain MRI demonstrated a cavernous malformation in the right upper brainstem and enlarged ipsilateral inferior olivary nucleus secondary to a lesion in the central tegmental tract (figure). Cerebellar limb tremor is associated with contralateral hypertrophic inferior olive, analogous to secondary palatal tremor,¹ whose delayed onset by weeks or months after injury may be due to compensatory changes in the motor system.²

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