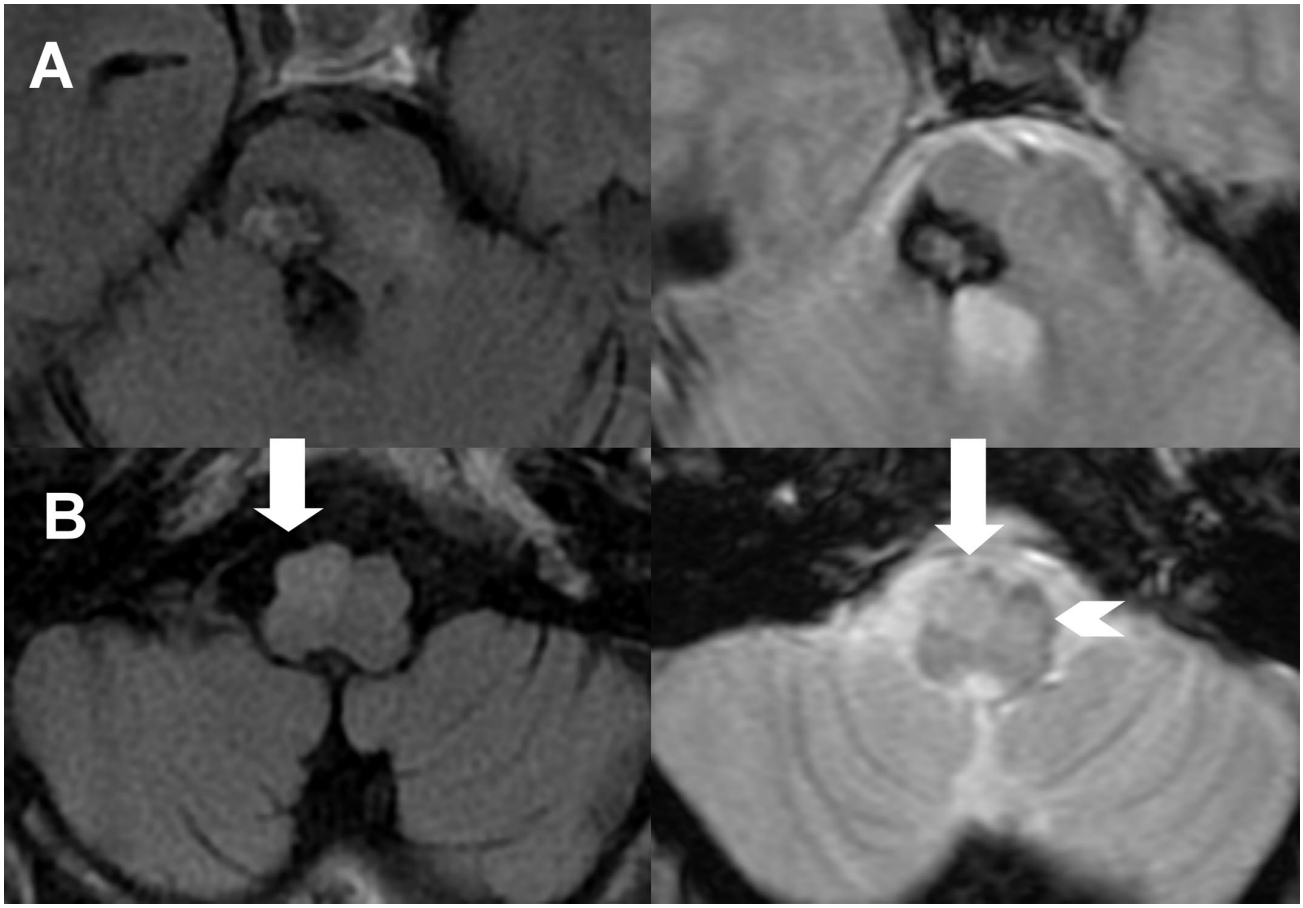


*Figure. FLAIR (left column) and T2*-weighted gradient echo (right column) brain MRI showing a hemosiderin-laden cavernous malformation in the right tegmental region of the upper pons (A) and medulla (B). This lesion interrupts the central tegmental tract, the intra-brainstem component of the Guillain-Mollaret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

## VIDEO Cerebellar limb tremor and inferior olivary hypertrophy

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

Additional material related to this article can be found on the *Neurology* Web site. Go to www.neurology.org and scroll down the Table of Contents for the October 10 issue to find the title link for this article.

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