Section Editor
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Teaching Neuro*Images*: Hiccoughs and vomiting in neuromyelitis optica

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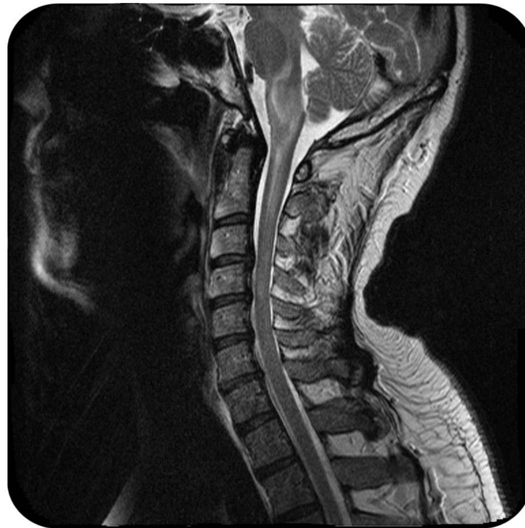
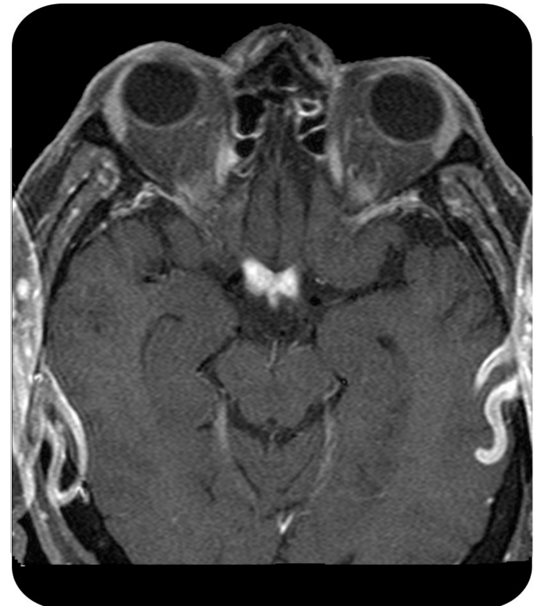
Figure 1 MRI of the cervical spine



T2 sagittal noncontrast MRI of the cervical spine demonstrating an abnormal signal beginning at the pontomedullary junction and extending through the cervical cord. On postcontrast imaging (not shown), there was intense enhancement at the medullary level.

Figure 2 MRI of the orbits and optic chiasm



T1 postcontrast MRI of the orbits demonstrating considerable enlargement with abnormal signal and dramatic enlargement of the optic chiasm.

A 50-year-old man with a history of recurrent optic neuritis and past thoracic transverse myelitis presented with rapidly progressive quadriparesis, urinary incontinence, dyspnea, dysphagia, dysarthria, intractable hiccoughs, nausea, vomiting, and blurry vision. MRI revealed prominent demyelinating findings at the upper cervical cord and pontomedullary junction (figure 1) and optic chiasm (figure 2). The patient's serum was positive for neuromyelitis optica (NMO)–immunoglobulin G and he responded well to plasmapheresis.

In addition to optic nerve–chiasmal and spinal cord pathology, NMO has been reported to have aggressive brainstem involvement resulting in intractable hiccoughs with persistent nausea and vomiting.[1]

REFERENCE

1. Wingerchuk DM. Diagnosis and treatment of neuromyelitis optica. Neurologist 2007;13:2–11.

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