Adult onset hemiparkinsonism with brain hemihypoplasia

Sir,

A 47-year-old, right-handed man was referred to our department for postural and rest tremor in the left arm and severe clumsiness in the left upper and lower limbs that occurred at age 45. These symptoms gradually deteriorated over the first year, then disease progression halted at Hoehn-Yahr I stage. He was prescribed 300mg levodopa by another hospital for six months, but this had no beneficial effects.

Family and personal history were unremarkable. The patient was born after an uncomplicated pregnancy and delivery. The patient grew well, but did not perform well in any kinds of sports in his youth.

Neurological examination disclosed left postural and rest tremor with lead-pipe-like rigidity and severe bradykinesia/clumsiness in ipsilateral upper and lower limbs. Tremor was postural-dominant. The right limbs showed completely normal findings and absolutely normal intellectual performance was demonstrated. There were no abnormalities in sensory, autonomic or cerebellar systems. Deep tendon reflex was normal in the right limbs and was exaggerated in the left. Pathological reflexes were not seen. No clinical evidence of hemiatrophy was seen.

General blood examination including thyroid function, electrocardiogram and chest X-rays were within normal limits.

Nerve conduction, sensory evoked potentials and magnetic resonance imaging (MRI) of the cervical cord did not disclose any abnormal findings. Cardiac Metaiodobenzylguanidine (MIBG) uptake was normal [Figure 1].

Brain MRI showed right brain hemihypoplasia [Figure 2]. N-


References


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