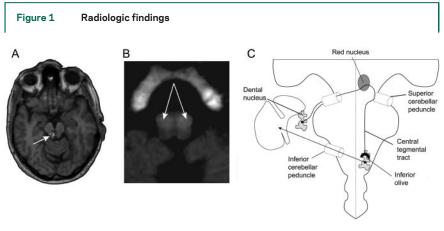
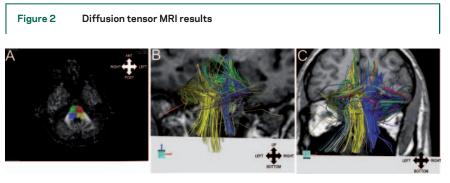
Oculopalatal tremor and severe late-onset cerebellar ataxia



(A) Axial T1-weighted MRI (1.5 T) shows the cavernoma (arrow) localized at right sided paramedian mesencephalic level. (B) Axial T2-weighted MRI shows bilateral inferior olive hyperintensity (arrows) at caudal medullar level. (C) Schema of the Guillain-Mollaret triangle.



(A) Four regions of interest were positioned at pontine level, delimitating right and left parts of tegmentum and basal pons. (B, C) Dorsal view of the fiber tracts superimposed on coronal T1-weighted MRI shows decreased fiber density of right pontine tegmentum tract (blue) in the patient (B) as compared to the control (C).

Following four recurrent bleedings of a mesencephalic cavernoma within 10 years (figure 1A), a 62-year-old woman demonstrated left kinetic cerebellar syndrome. She then developed oculopalatal tremor (OPT) associated with bilateral inferior olive hyperintensity (figure 1B). Gamma knife radiation was performed, but she developed severe cerebellar ataxia. OPT secondary to brainstem strokes and associated with progressive ataxia is rare.¹ Diffusion tensor MRI (DTI) showed decreased number of fibers in the right tegmentum of the patient as compared to a control subject (figure 2). These results give credit to the hypothesis of central tegmental tract interruption in pathophysiology of OPT (figure 1C).²

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