CORRESPONDENCE

Letters should not exceed 300 words in length. Otherwise it may not be possible to find space for them.

CAT FINDINGS IN A CEREBELLAR STROKE RESULTING IN PALATAL MYOCLONUS

SIR: "Palatal myoclonus" means synchronous continuous pseudorhythmical contractions of the soft palate and pharynx muscles (in some cases spreading to other craniocervical and even skeletal muscles) at a frequency of 100 to 200/min and sleep resistant. It is conceived as a liberation phenomenon due to lesions along the central tegmental tract fibres, which are supposed to come from the contralateral dentate nucleus, homolateral red nucleus and periaqueductal grey, and projecting on to the inferior olive, but possibly also distributed along the so-called "Guillain and Mollaret triangle" (that is, inferior olive, red nucleus, dentate nucleus and connecting pathways).^{1 2 3} Cerebellar stroke, which accounts for about 10% of all intracranial intraparenchymal bleedings,^{4 5} is mainly haemorrhagic in nature.



FIGURE 1.

The dentate nucleus artery, claimed to branch from the superior

cerebellar artery,⁶⁷ is the most often involved vessel.⁸ Computerized axial tomography (CAT) enabled us to ascertain the clinical-anatomical

permanent palatal myoclonus.

A 65-year-old woman was admitted to hospital for unsteadiness of gait and tremulous voice, both dating from a stroke suffered one year before. The patient had long-standing hypertension and oft-recurring dull, but severe, non-throbbing occipital headache, sometimes coupled with dizziness or drowsiness. She was admitted to a neurosurgery unit a year before for sudden loss of consciousness with vomiting; she gradually regained consciousness in two days, and presented with mild right hemiparesis, but no speech, sensory or visual field defects. A few days later right conjugate deviation appeared. Routine blood and urine tests gave negative results, as did electroencephalography and left carotidography. The cerebrospinal fluid pressure, taken a few days after the stroke, was normal and the fluid was clear with only

very slight xanthochromic discolouration. Neurological Status One Year After Stroke .- On admission to the Milan University Neurology Department, the patient had only slight bilateral dysmetria and moderate hypotonia of all four limbs, but no loss of strength. Typical palatal and pharyngeal myoclonus was constantly present as well as modified phonation resulting in fine tremulousness of the voice. The electroencephalogram, technetium brain scan, chest, skull and atlanto-occipital roentgenograms (with tomography) gave negative results. CAT findings (Dr Ugo Salvolini, Radiology Department of the Ancona General Hospital, Ancona, Italy) showed reduced density due to circumscribed softening of the left dentate nucleus region (Figure 1). Asymmetrical dilatation of the fourth ventricle was present too. The patient was discharged from hospital with her disturbances unchanged.

Comment.-Our retrospective diagnosis was that the patient had had an acute haemorrhagic infarction of the left dentate region⁹¹⁰ a year before, which had left her with constant palatal myoclonus due to the dentate interruption of the dentato-olivary projection. Brainstem compression and ventricular obstruction due to a rapid asymmetrical cerebellar blowing-up might explain both the sudden haemorrhage-like clinical onset, and the subsequent transient unilateral brain-stem signs.

As far as we know, this is the first reported case of a clear-cut clinical-anatomical correlation between palatal myoclonus and cerebellar infarction to be established in vita. Further, although the dentate nucleus is not always correlated with palatal myoclonus,11 this case is in line with (i) the high frequency of dentate and/or dentatoolivary lesions in palatal myoclonus² and (ii) a unilateral lesion coupled with a symmetrical bilateral palatal myoclonus.¹²

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8 Fang, H. C. H., and Foley, J. M., Trans. Amer. neurol. Ass., 1954, 79: 126. ⁹ Lehrich, J. R., Winkler, G. F., and Ojeman, R. G., Arch. Neurol. (Chic.), 1970, 22: 490.

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HORMONAL EPIDEMIOLOGY OF PROSTATIC CANCER

SIR: A hormonal epidemiology of prostatic cancer related to correlation between a small softening of a dentate nucleus and fertility, as considered in the Comments section of the Journal,1 is most interesting. However, of equal interest are studies which