



Neurology Short Cases

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CASE 1

58 year old female lawyer

Symptoms one year

Throat discomfort

Foreign body sensation

GP- ENT

ENT- Nil Surgical

Saw private neurologist

Symptoms one year

Throat pain – more left sided with globus

Sometimes episodic lancinating pain

Worse on crying/voice affected

MRI brain

Diagnosis?

Glossopharyngeal Neuralgia

Recurring paroxysmal attacks of unilateral pain

Lasting from a few seconds to two minutes

Severe intensity

Electric shock-like

Precipitated by swallowing, coughing, talking, or yawning

Not better accounted for by another ICHD-3 diagnosis

MRI brain normal

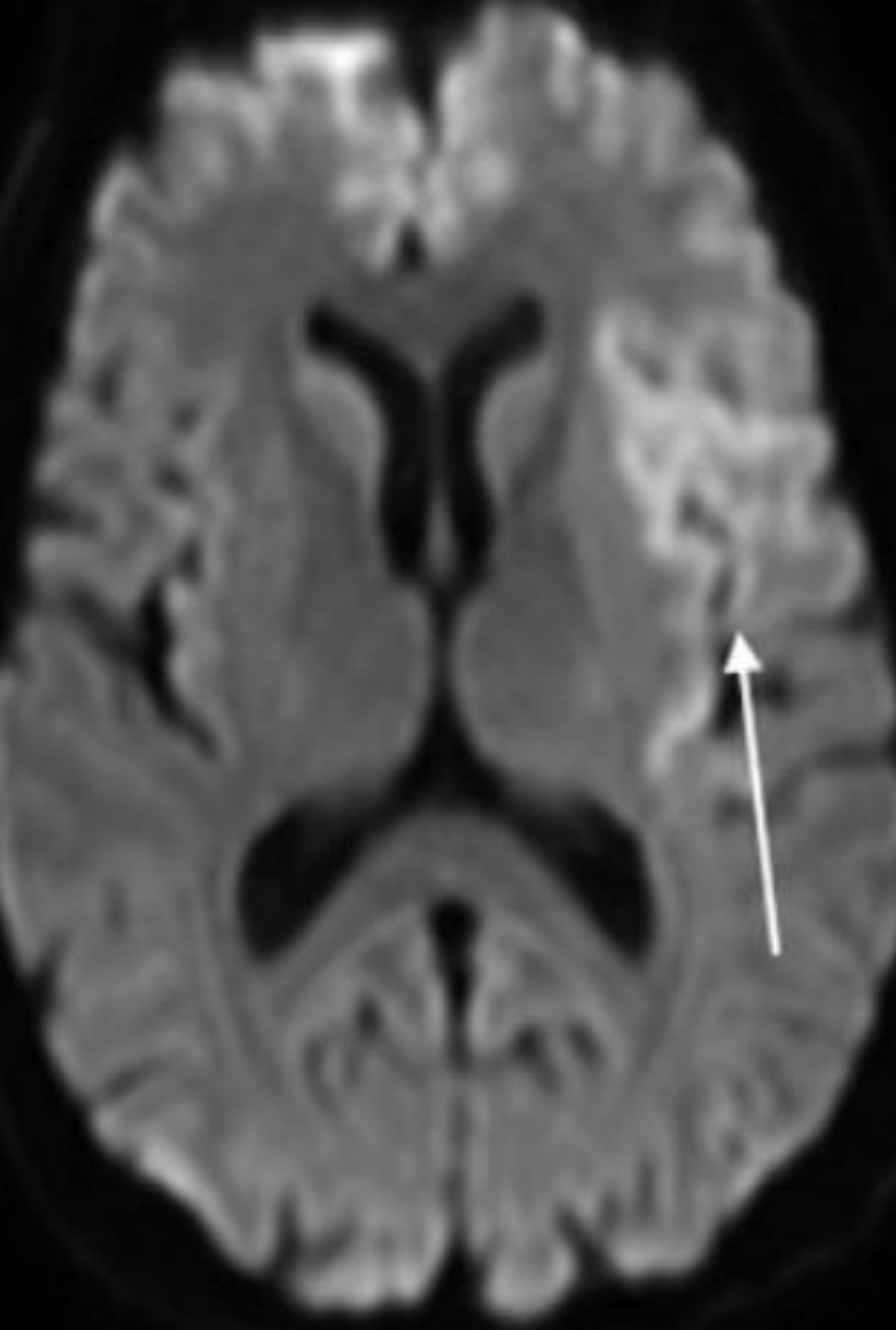
Given carbamazepine/amitriptyline

No relief- voice getting worse

Case of the month

'FUNCTIONAL DISORDER'

Psychiatry opinion



Six months later...

Patient presents to ED

Sudden speech disturbance and weakness

Right hemiparesis with Horner's

Left ICA dissection

Radiologist

Sues neurologist

Revisited..

1.5 years symptoms

Left throat pain and globus

Worse yawning/crying

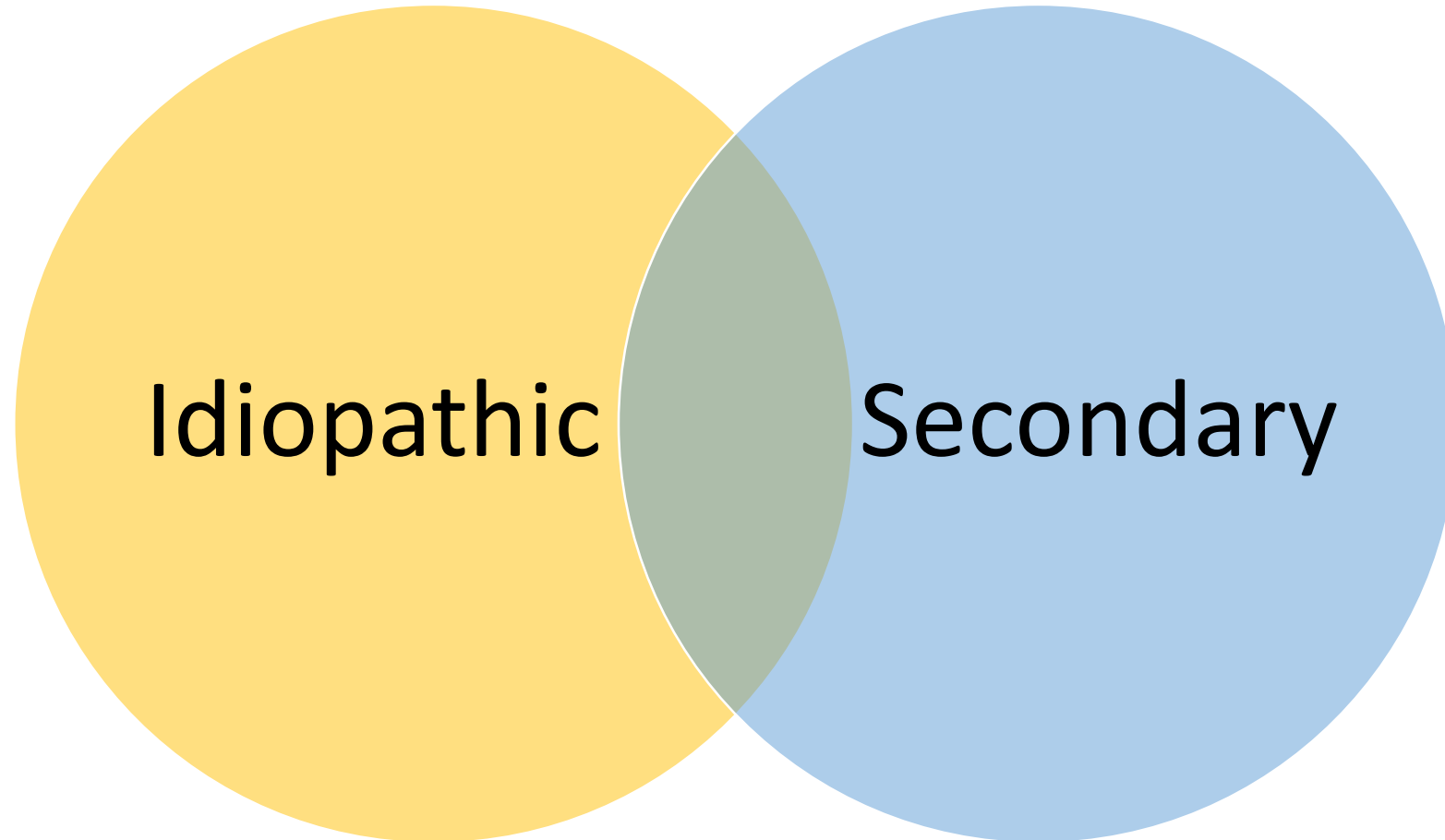
Voice changes

Pre-syncope

Stroke following left ICA dissection

Diagnosis?

Glossopharyngeal neuralgia

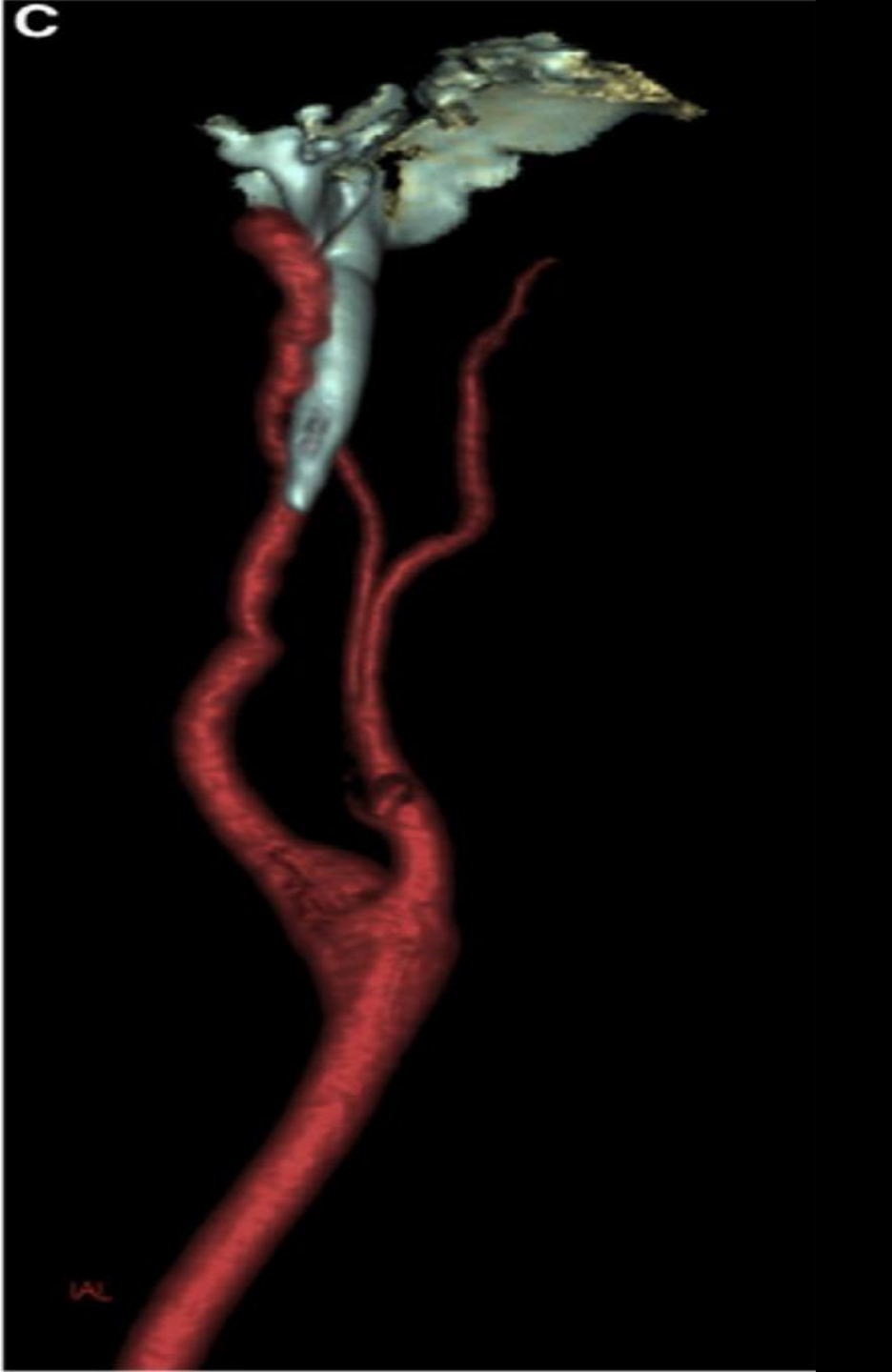
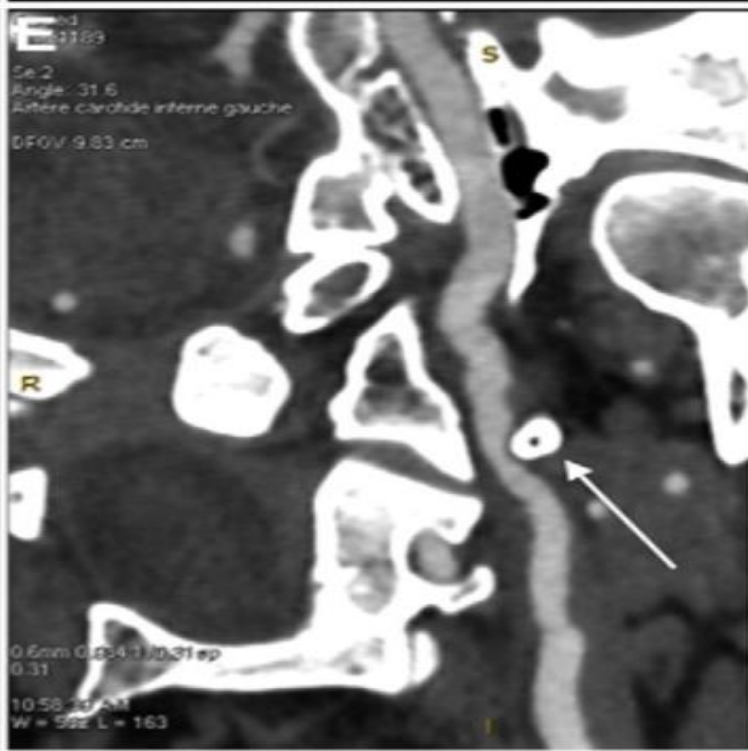
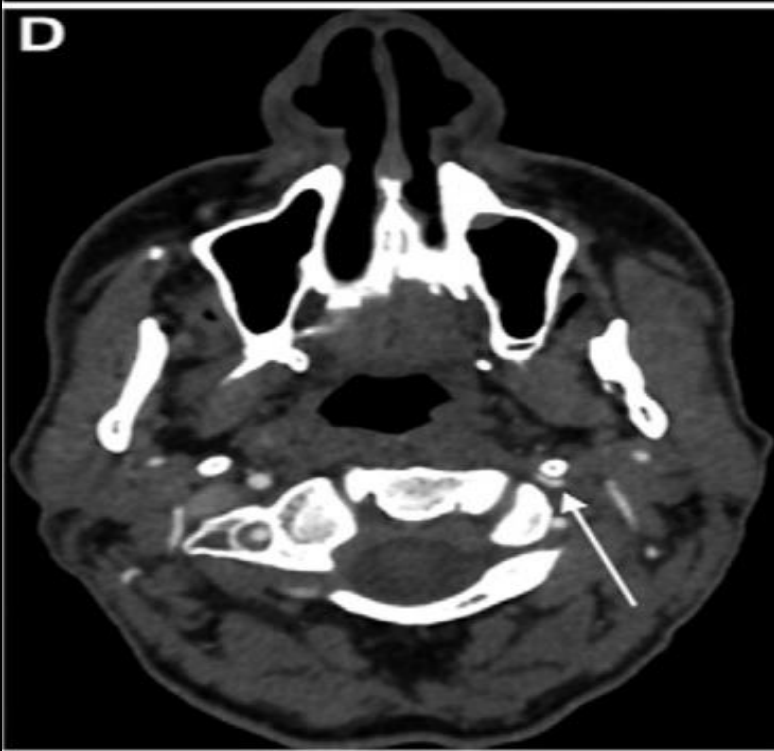
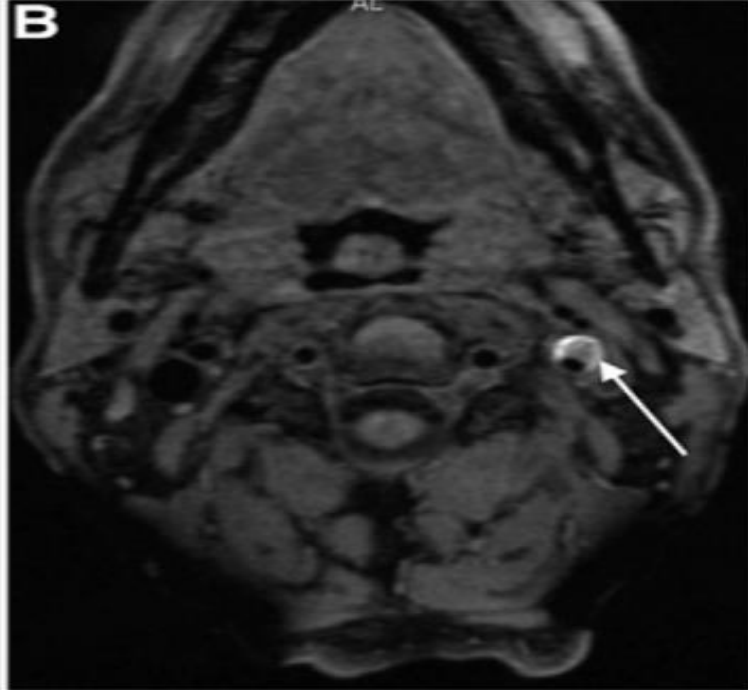
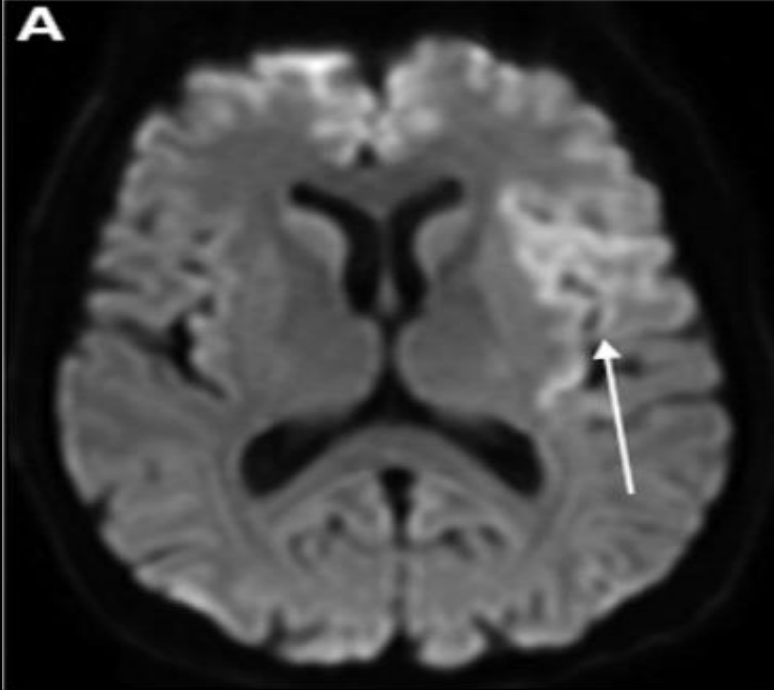


Idiopathic

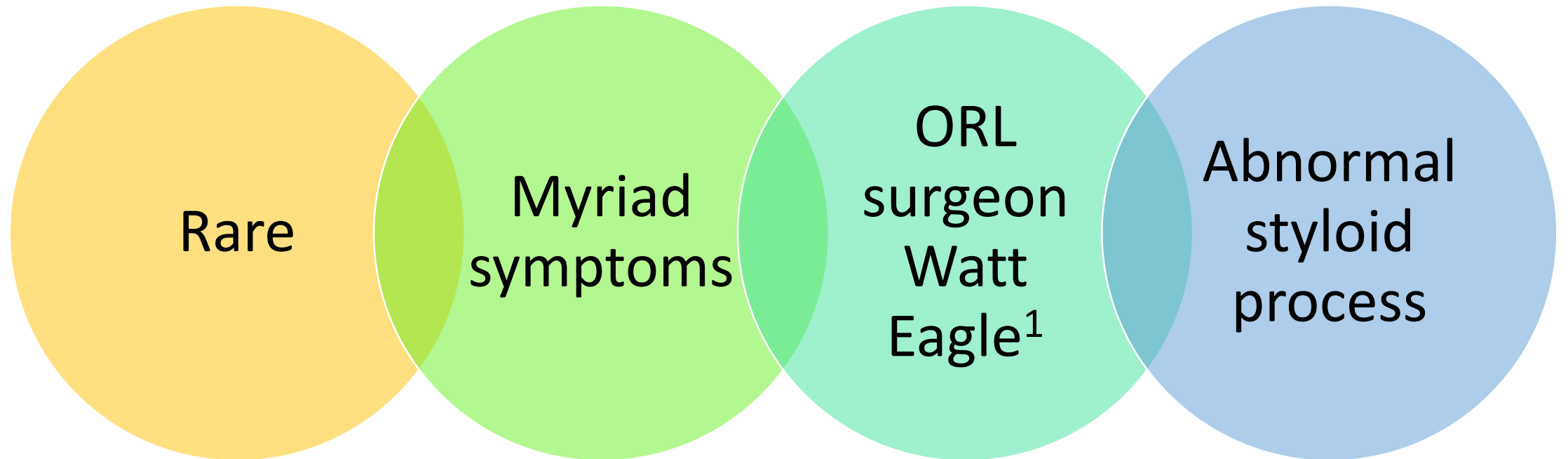
Secondary

Secondary causes

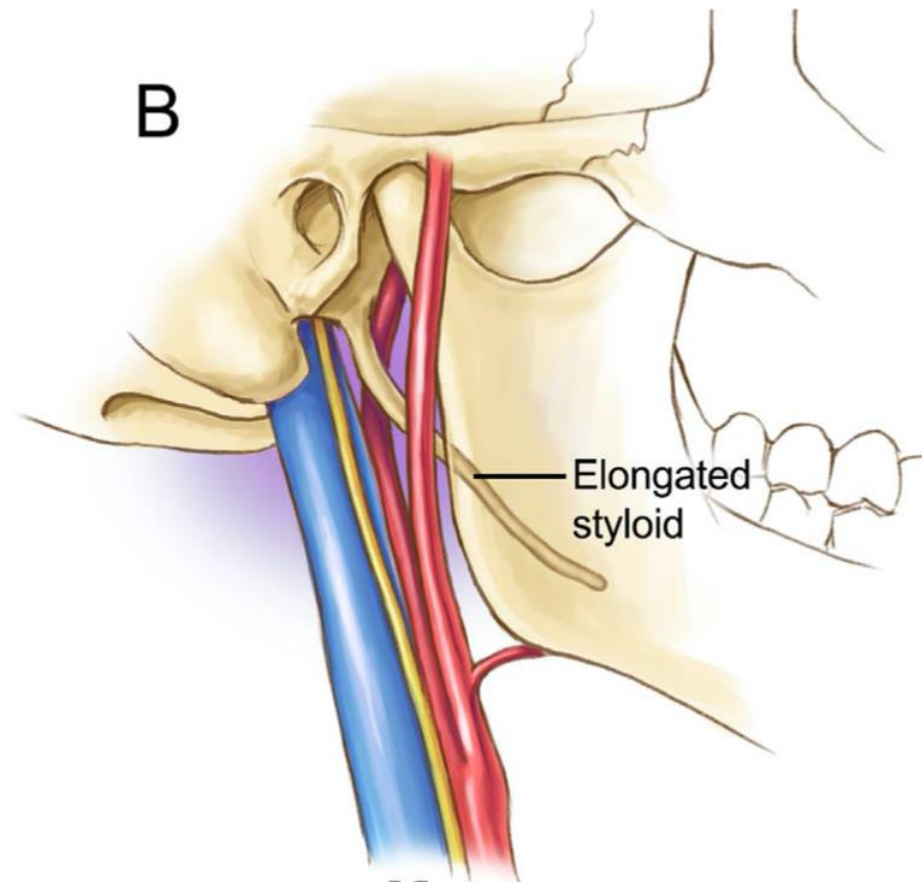
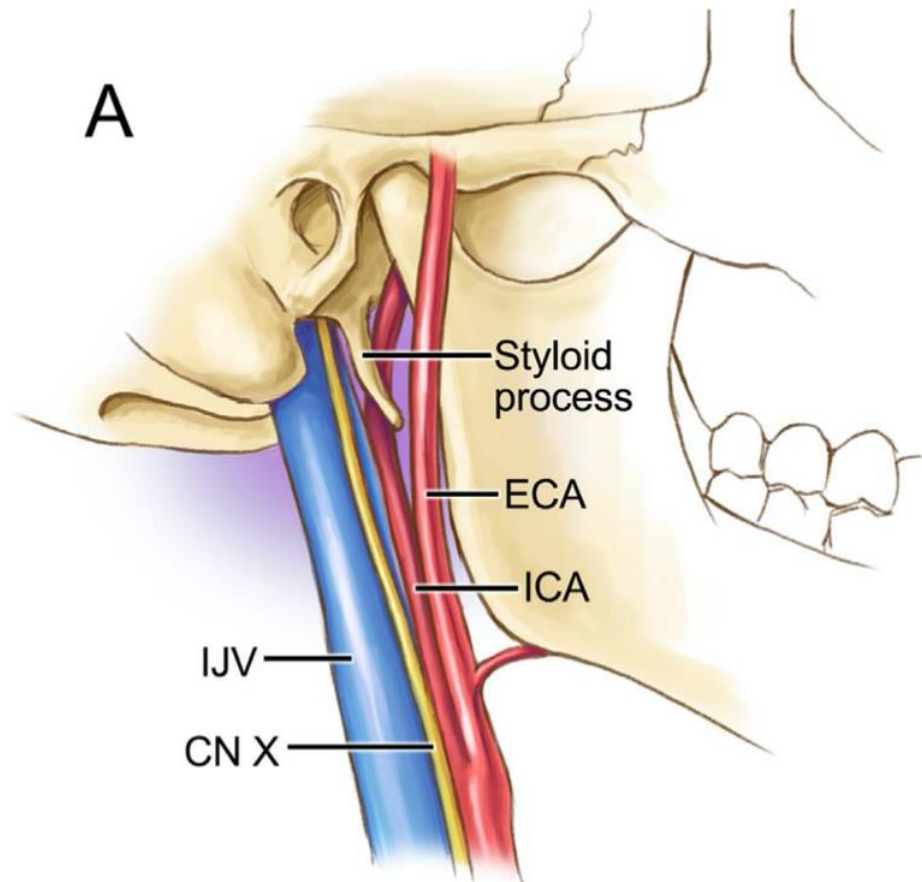
- Demyelinating lesions
- Cerebellopontine angle tumour
- Peritonsillar abscess
- Carotid aneurysm
- Eagle syndrome

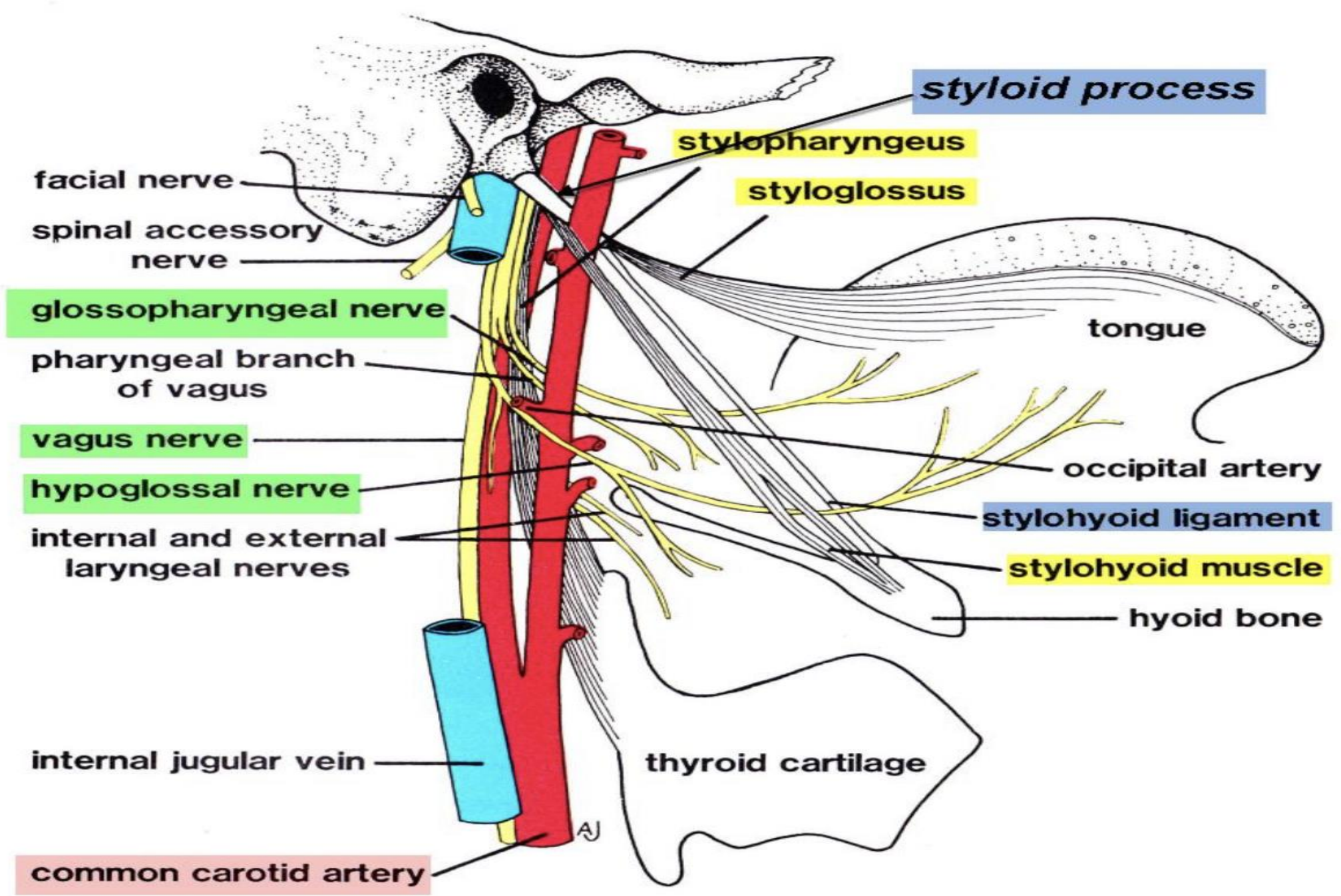


EAGLE SYNDROME



¹ Eagle, *Arch Otolaryngol.* 1937





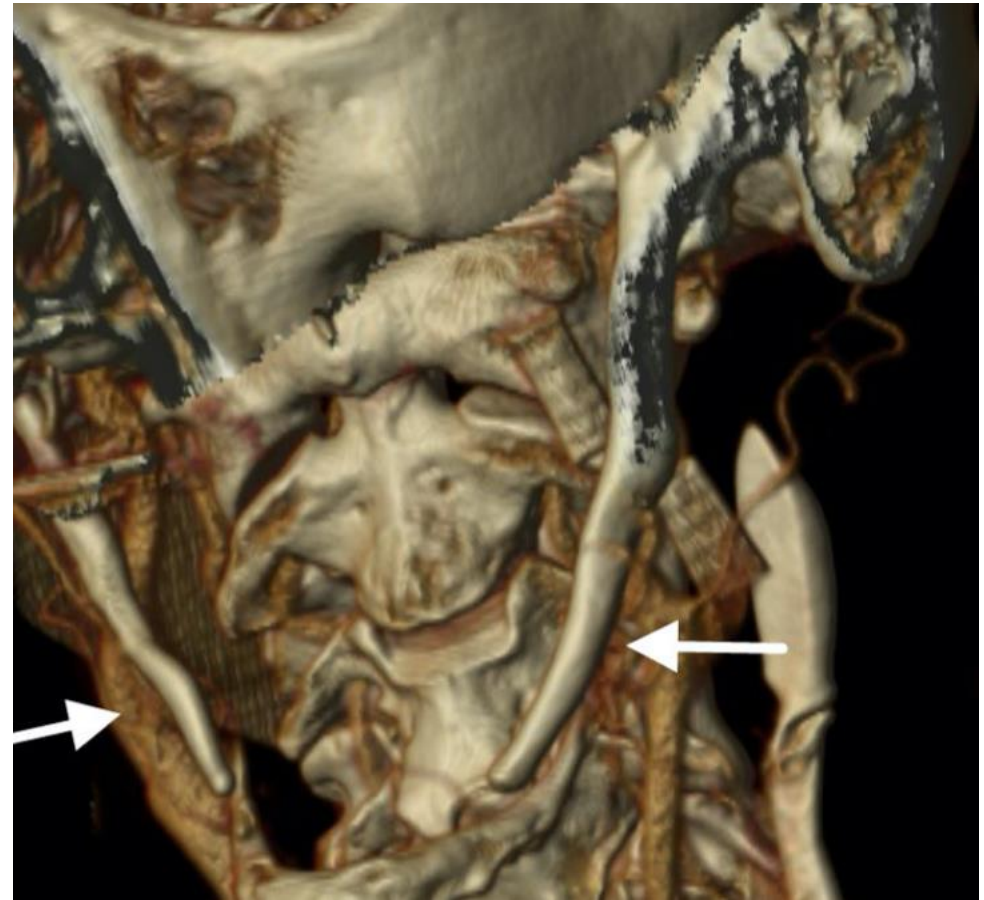
Another Scenario...



Before



After



Hooker *et al.*, Carotid Stent Fracture from Stylocarotid Syndrome. *J Radiol Case Rep.* 2016

Treatment

Conservative

Surgical

KEY POINTS

Eagle syndrome is rare

Myriad clinical presentations

May come to neurology

Risk factor for dissection*

*Renard *et al.*, Styloid and hyoid bone proximity is a risk factor for cervical carotid artery dissection. *Stroke*. 2013

CASE 2

27 year old male

Woke up at 3 am

Sharp retro-orbital pain left sided

Pupil size change left side

Next night pain recurred

On and off – 1 week

Referred to neurology

Thoughts?

CLUSTER HEADACHE

At least 5 attacks

Severe pain lasting 15-180 minutes (untreated)

Unilateral orbital, supraorbital and/or temporal pain

One or more ipsilateral cranial autonomic symptoms

Agitation or restlessness

Circadian or circannual periodicity*





Headache in Carotid Dissection

Poor localization¹

No specific characteristic

Can be thunderclap, or mimic migraine/cluster headache²

¹Diamanti *et al.*, Leading symptoms in cerebrovascular diseases: what about headache? *Neurol Sci.* 2019

²Mitsias *et al.*, Headache in ischemic cerebrovascular disease. Part I: Clinical features. *Cephalalgia.* 1992

RED FLAGS CASE 1



Evolving nature of symptoms



Attacks were not stereotyped



Progression/Worsening

RED FLAGS CASE 2



New onset



Preceding activity



Persistent Horner's

RED FLAGS- SNOOP



Systemic symptoms including fever

Neoplasm history/Neurological deficit

Onset sudden, Older age (onset after age 50 years)

Pattern change, Precipitated by sneezing, coughing, or exercise

Progressive headache, Pregnancy or puerperium

Painful eye with autonomic features

Pathology of the immune system such as HIV



- If it **doesn't** look like a duck, **swim** like a duck, and **quack** like a duck....