

수평반고리관 Cupulolithiasis에 의한 양성 돌발성 체위변환성
어지러움증으로 오인된 소뇌경색 1예동아대학교 의과대학 이비인후과학교실,¹ 신경과학교실²황찬호¹ · 김보영¹ · 배우용¹ · 박경원²A Case of Cerebellar Infarction Misdiagnosed as Lateral
Semicircular Canal CupulolithiasisChan Ho Hwang, MD¹, Bo-Young Kim, MD¹, Woo-Yong Bae, MD¹ and Kyung-Won Park, MD²¹Department of Otolaryngology-Head and Neck Surgery and ²Neurology, Dong-A University College of Medicine, Busan, Korea

—ABSTRACT—

Benign Paroxysmal Positional Vertigo (BPPV) is the most common peripheral vestibular disorder. It can be diagnosed with characteristic symptoms and the nystagmus evoked by the positional change. We report a case of cerebellar infarction misdiagnosed as BPPV. A 58 years-old man, complaining rotatory positional vertigo for 3 days, visited our OPD. A head positional test was performed, and it induced positional ageotropic nystagmus. He showed no neurologic abnormality in neurologic examination. We diagnosed his illness as cupulolithiasis of horizontal canal, so the cupulolith repositioning maneuver, applying vibrator on mastoid tip and forced prolonged position maneuver were performed. Then, the vertigo and the intensity of nystagmus were improved. Four days later, however, vertigo was aggravated again showing same nystagmus. So we recommended magnetic resonance imaging, and multiple cerebellar infarctions were found. Even if patient shows typical nystagmus of BPPV, the neuroradiologic study should be conducted to rule out central lesion, in the case of no response to repositioning maneuver or reaggravation. (J Clinical Otolaryngol 2004;15:311-315)

KEY WORDS : Brain infarction · Paroxysmal vertigo.

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cupulolithiasis

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(Fig. 1A).

증례

(Fig. 1C).

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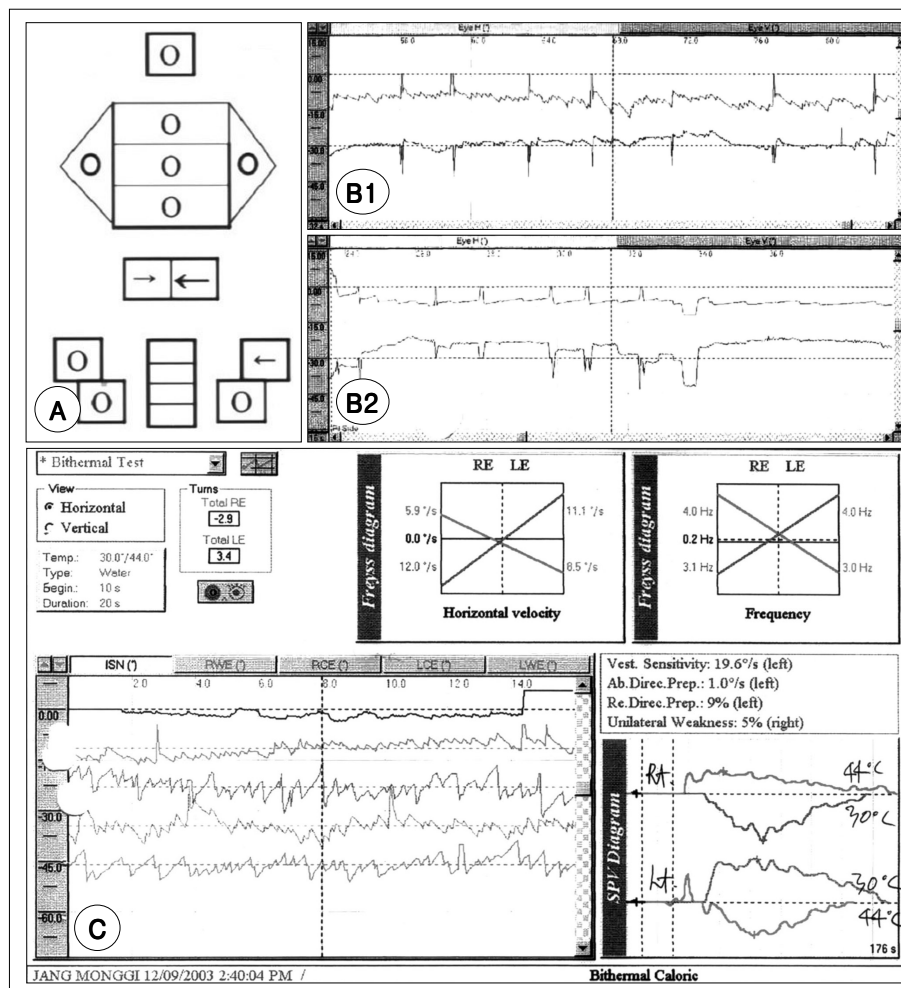


Fig. 1. A : Electronystagmographic recordings. B : Positional test (B1, left side, B2 right side) C : Bithermal caloric test.

Cupulolithiasis

(Fig. 1B). Dix - Hallpike

(Fig. 1A).

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(Fig. 2).

T2

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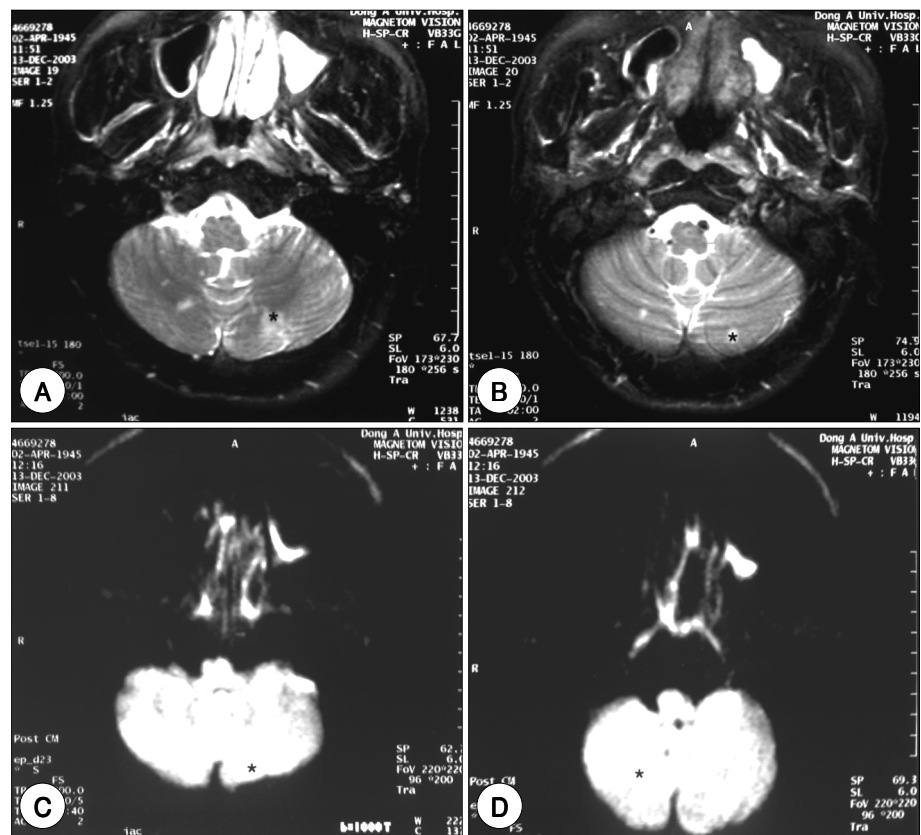


Fig. 2. T2 weighted (A, B) and diffusion (C, D) MRI image showing multiple high signals (astrix) in cerebellum.

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중심 단어 :

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