



ESSENTIAL TREMOR AND BRAIN METAL ACCUMULATION DISEASE IN KLINEFELTER SYNDROME: A CASE REPORT

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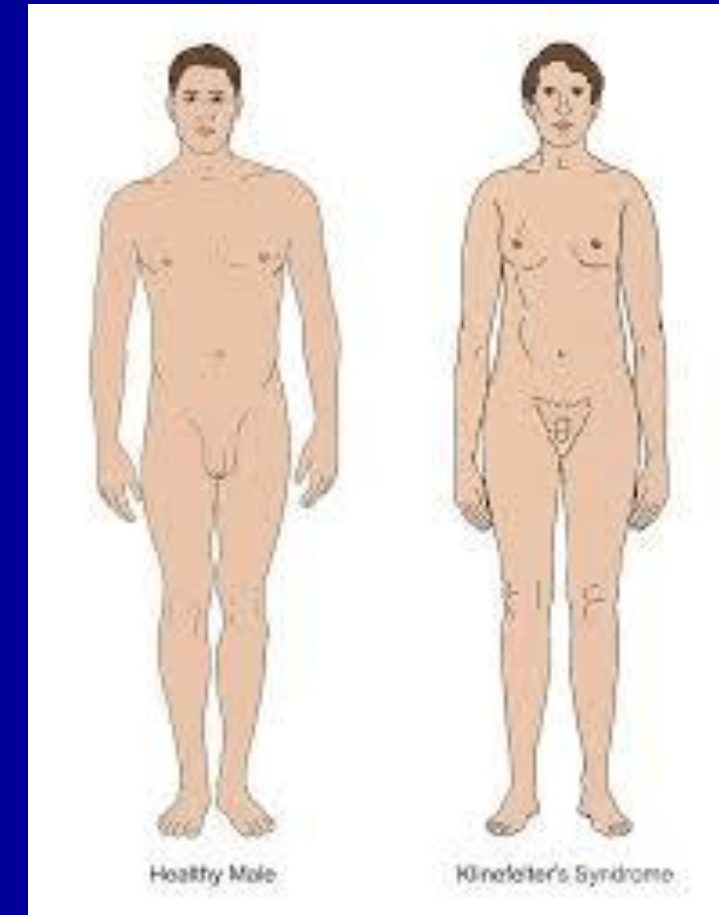
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INTRODUCTION

Klinefelter syndrome (KS) [karyotype 47,xxY] is the most frequent sex chromosomal disorder in males and characterized by testosterone deficiency and increase of gonadotropins FSH and LH, with a prevalence of about 500-1000 subjects born alive. Patients affected by KS present with infertility and hypergonadotropic hypogonadism. A recent report has described the presence of tremor in patients affected by KS sharing similar features with essential tremor (ET).



OBJECTIVE

To report on a case of KS associated with tremor and concomitant brain metal accumulation disease.

MATERIALS AND METHODS

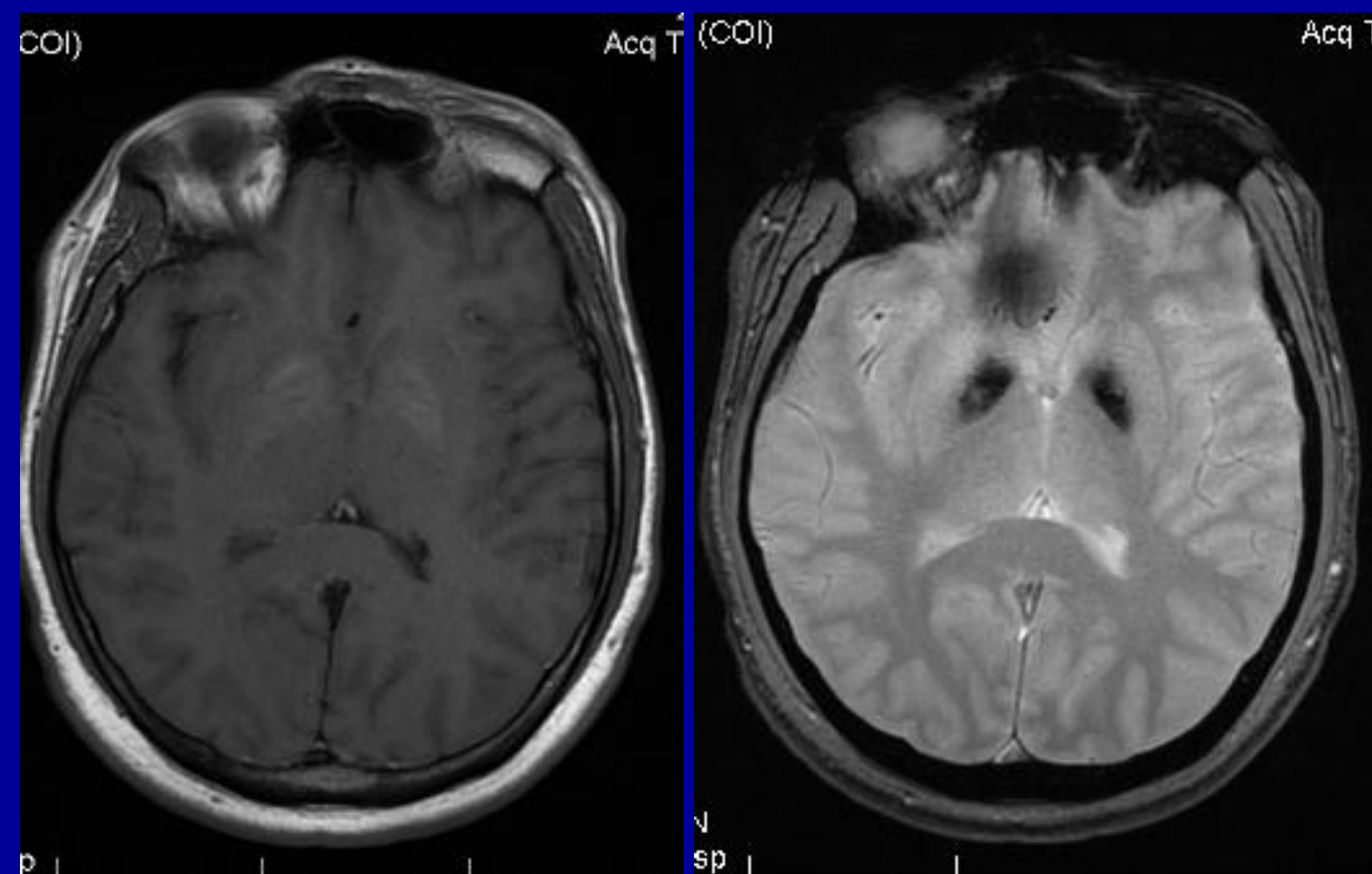
A 35-year-old man affected by hypergonadotropic hypogonadism (Klinefelter syndrome) presented with a history of upper limbs predominant postural tremor, more evident to the right side, with clinical features more evocative of an ET.

RESULTS

Brain MRI showed bilateral pallidal hyperintensity on T1-weighted and gradient echo images, and minor abnormalities on FLAIR and T2-weighted images, according to a brain metal accumulation. DAT-SPECT was normal. Screening for Wilson disease and neuroferritinopathy was negative, as far as PANK 2 gene sequencing did not identify any pathogenetic variant (PANK2 analysis showed in exon 1 two homozygous polymorphisms - rs71647828 CTG>CAG Leu111Gln ; rs3737084 GGG>GCG Gly126A - whose clinical significance is reported as benign). Treatment with testosterone administration worsened features of tremor.

DISCUSSION AND CONCLUSIONS

To the best of our knowledge, this is the first case of a KS patient presenting with ET and brain metal accumulation disease. In this patient, the tremor was worsened by testosterone administration. The presence of a brain metal accumulation and the response to testosterone raise several issues about the definite correlation of the tremor with the hormonal disorder, the correct treatment of this condition and a hypothetical role of the PANK2 polymorphisms as modifiers on KS phenotype.



References

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