EMI-RABBIT SYNDROME CAUSED BY CHRONIC USE OF CINNARIZINE

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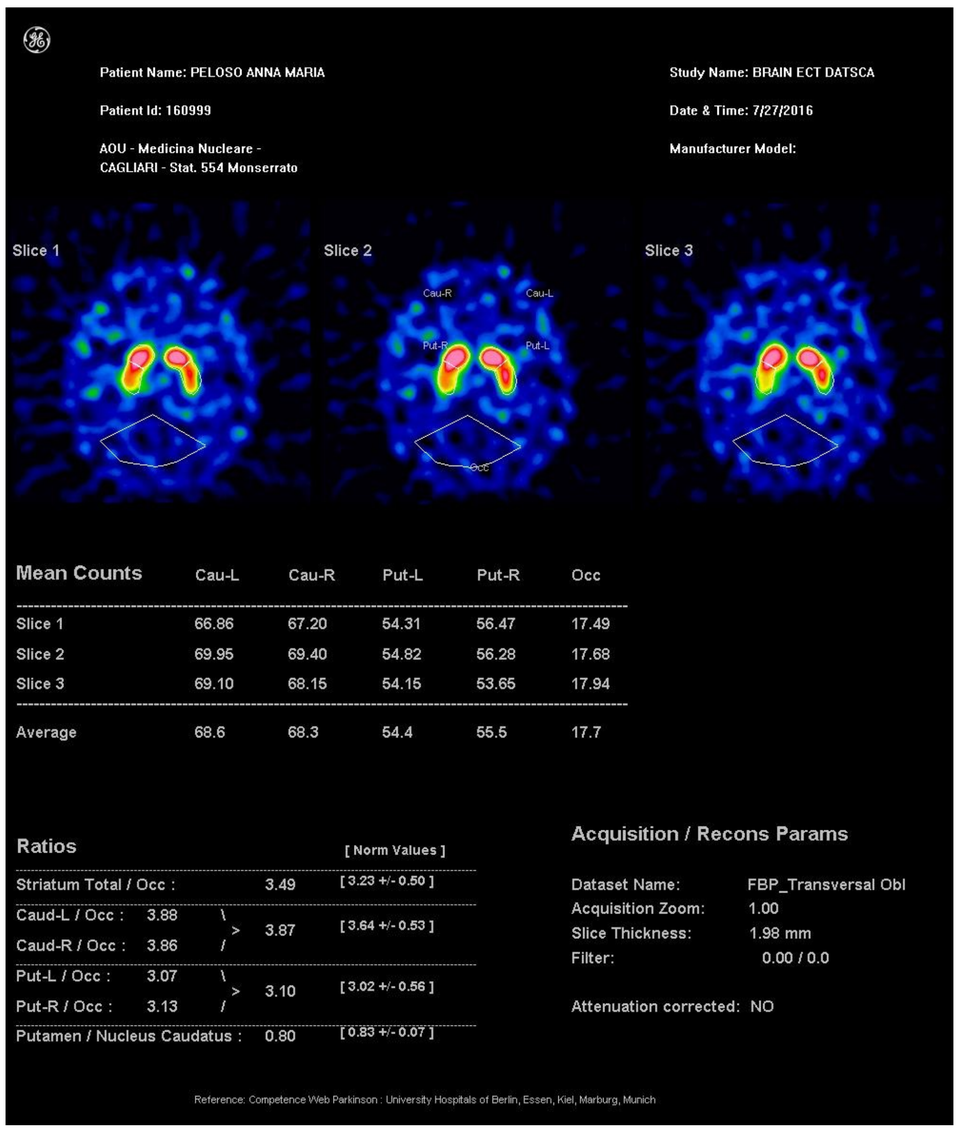
Introduction and Methods

In this report we describe a rare case of emi-rabbit syndrome, increasingly evolving into a classical rabbit syndrome, bilateral and symmetrical, despite every attempt at treatment. We report a 69-year-old woman complaining that she discontinuously experienced a tremor on the right side of her lips. We describe a case report.

Results

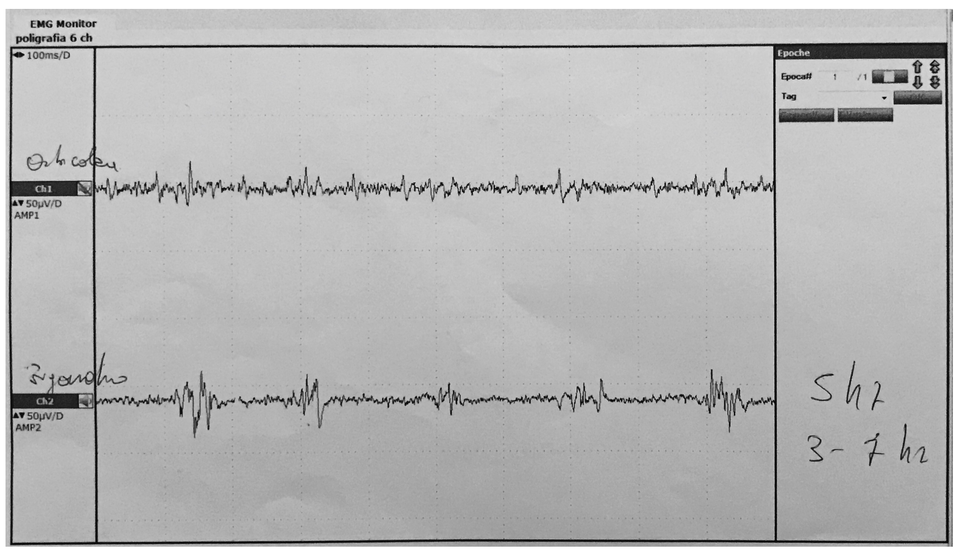
Clinical observation confirmed such claim, showing up a rhythmic and discontinuous movement emphasized by some standardized lip movements. The clinical and pharmacological anamnesis revealed that the patient abused of cinnarizine (a calcium channel blocker) for a vertiginous syndrome. Scientific literature shows correlations between this kind of drug assumption and the risk of developing iatrogenic Parkinsonism as well as late onset iatrogenic dyskinesias. A Magnetic Resonance Imaging (MRI) scan excluded organic brain and brain stem disorders, and a SPECT-DATSCAN excluded a correlation with organic Parkinsonism. Furthermore, after interruption of every treatment that could have caused late onset dyskinesias, the patient was treated with dopaminergic drugs and tetrabenazine, without any clinical benefits. During the last clinical assessment we performed, despite therapy, the patient still claimed to perceive tremor not only in the right side of her mouth, but even in the other one. We deemed this clinical case worth of presentation for its rarity and originality. It may also reopen the discussion about late onset iatrogenic dyskinesias. This pathological feature, despite every treatment considered over time, still remains a serious condition that cannot be resolved by pharmacological treatment. Paradoxically, the pharmaceutical class that induces this pathological condition is the same used to treat it. Physiopathology remains unclear, even though a process of hypersensitivity of dopaminergic systems seems to be involved.



SPECT-DATSCAN negative for Parkinson's Disease

Conclusions

Iatrogenic movement disorders constitute an important field of study in neurology, which is still open to research. Indeed, there are still questions regarding their physiopathology, their prevention and consequently their treatment. Only a small number of patients taking these drugs actually develops symptoms: it suggests that there should be some kind of genetic background involved. The ability to identify these patients in advance could be helpful in order to prevent iatrogenic late onset dyskinesias.



EMG registration shows an inconstant tremor (3-7 Hz)

References

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