

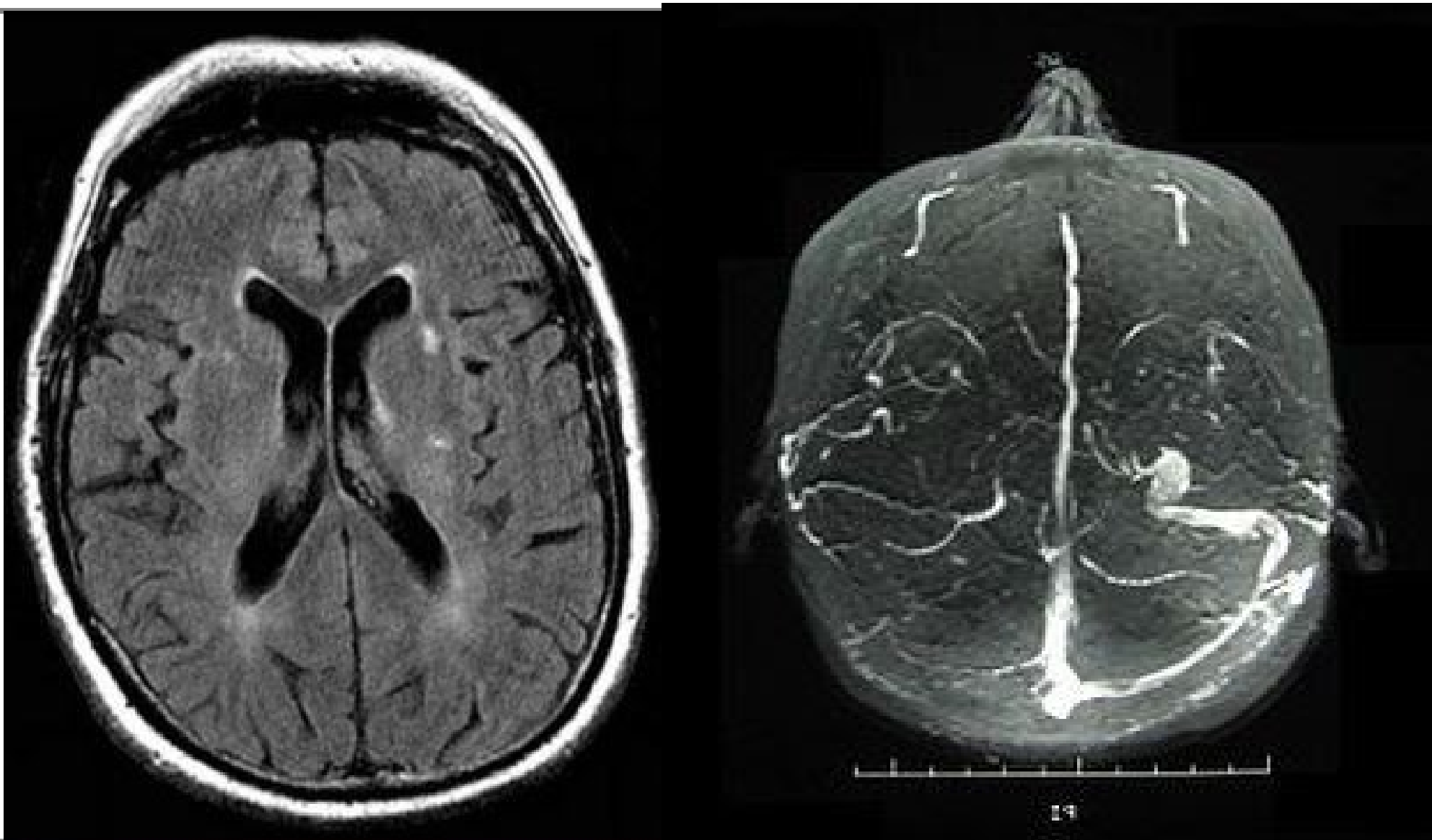
# INTRACRANIAL HYPERTENSION AND ESSENTIAL TREMOR LIKE RELATED PHENOMENA. ATYPICAL CASE SUGGESTS THAT.

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**INTRODUCTION:** Essential tremor is a tremor in posture and kinetic action that is not commonly associated with other neurological deficits. In literature, pseudotumor is not described as the etiopathogenetic cause of essential tremor.

**OBJECTIVE:** The aim of the current work is to report an unusual neurological presentation of ET that suggest a possible interaction between them.



**DISCUSSION and CONCLUSION:** Still today essential tremor appears as a pathology of difficult interpretation and treatment.

Electrophysiological studies have determined the physiopathological characteristics of essential tremor and they sometimes shown the possibility of discriminating a tremor generating center. This nucleus has a spontaneous rhythm with activation of ion channels which determine a repeat depolarization but the etiopathogenesis of that is still uncertain.

This case report shows how treating low endocranial hypertension through evacuative lumbar puncture has resulted the almost disappearance of the signs related to the tremor. This evidence suggest us a possible implication between these two pathologies.

**CASE REPORT:** A 62 years-old man, affected by episodic headaches, thyroid insufficiency, vagal syncope, chronic fatigue, urinary incontinence, tinnitus, fullness and neurosensorial hypoacusia, since 5 years ago complains feeling of generalized tremor associated to tremor of the upper limb and difficulty in the eloquence. Objectivable tremor occurs with tremor at rest of the right and which increases intensity when the patient takes antigravitary positions. The electrophysiological study of tremor reveals a cortical tremor in prone-supination, which can not be distracted, without dragging, with a mean frequency of 6,2 Hz. A magnetic resonance of brain with angiographic sequences shows some white matter lesion subcortical due to chronic hypoperfusion, conserved amplitude and size of the liquor spaces and marked hypoplasia of the right transverse-sigmoid complex up to the jugular's gulf. In the suspect of benign endocranial hypertension, a lumbar evacuation puncture is performed. The opening pressure in the left decubitus was at the upper limit of the standard (180 mmH<sub>2</sub>O) and was drained 24 cc of liquor to reach the pressure of 145 mmH<sub>2</sub>O. During the procedure the patient showed the disappearance of tinnitus and fullness. The following day the lumbar puncture, patient reported an improvement of the chronic fatigue and almost disappearance of the tremor that did not appear evocable in any postural position. A second electrophysiological study of tremor no longer showed tremor at rest or postural. This evidence suggest a possible implication of the two pathologies we are undergoing to deepen.

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