HASHIMOTO'S ENCEPHALOPATHY PRESENTING WITH OCULAR FLUTTER AND ATAXIA

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Hashimoto's encephalopathy is an uncommon condition which often presents with confusion, seizures, stroke-like episodes, and myoclonus. We experienced a patient with a rare ocular flutter and ataxia as the principal presenting feature of Hashimoto's encephalopathy that was resolved with intravenous immunoglobulin and corticosteroids.

Previously healthy 30-year-old man was admitted with dizziness and ataxia of his. He had burst of ocular flutter, which was usually induced by a gaze shift. His gait was broad based and truncal titubation was noted. His articulation was mildly dysarthric. Brain magnetic resonance imaging did not reveal any abnormal signal or atrophy of the cerebellum and brainstem. Red and white blood cell counts and biochemistry were normal. In the cerebrospinal fluid, cells were not increased, and the levels of protein and glucose were normal. The thyroid function test was normal with the levels of thyroid stimulating Ab, anti-microsomal Ab, and anti-thyroid peroxidase Ab within normal range, but anti-thyroglobulin Ab level was markedly increased (397 U/mL). The patient showed mild but not marked improvement after intravenous administration of immunoglobulin (400 mg/kg) for five days, however, all symptoms began to gradually improve with intravenous infusion of methylprednisolone (1g/day) for five days follow by oral prednisolone. One month later, only mild gait ataxia was left, and the serum level of anti-thyroglobulin Ab were reduced to normal range (108 U/mL).

Although its rarity, Hashimoto's encephalopathy should be considered on the differential list of the causes of ocular flutter, especially when accompanied by an atypical presentation.