Pavor nocturnus from a brainstem glioma

Pavor nocturnus or night terrors usually occur in the absence of identifiable neuroradiology. This report documents pavor nocturnus associated with a brainstem lesion.

A 15 year old boy with headaches and ataxia had a brainstem tumour on CT (fig). The patient underwent resection of a grade I cerebellar astrocytoma arising from the fourth ventricle and adherent to the brainstem. His postoperative examination disclosed dysarthria, spontaneous vertical nystagmus, bilateral sixth nerve paresis, decreased sensation on the face bilaterally, facial diplegia, sensorineural hearing loss, mild dysmetria and ataxia, and decreased reflexes with bilateral Babinski responses.

Postoperatively he developed a sleep disorder where he suddenly sat up in bed, screamed, and appeared to be staring in fright. During these episodes he was agitated and would try going over the rails of the bed or would thrash about in bed screaming. After one or two minutes, he promptly fell back to sleep. The patient had incomplete recollections of these episodes. Sometimes the only evidence of an episode was injury or blood on the floor. At other times, he recalled being frightened by images of parts of people sticking out of walls or by the belief that the bedposts were his room mates restraining him. The patient subsequently became depressed and had aggressive outbursts and paranoid beliefs. Before his tumour, he did not have a history of neurological or psychiatric difficulties, and there was no family history of a sleep disorder.

At the age of 24, polysomnography documented his night terrors. Spontaneous arousals punctuated all stages of sleep (12 a night), particularly stage three and four sleep. The patient’s arousals from slow wave sleep were typically sudden and included restlessness, vocalisation, and looking accompanied by interspersed myoclonic jerks or electroencephalographic (EEG) spikes. After starting clonazepam (0.5 mg at bedtime), the episodes of night terrors decreased, but he developed enuresis.

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Octreotide—a new treatment for diarrhea in familial amyloidolytic polyneuropathy

Familial amyloidolytic polyneuropathy (FAP) is a well known hereditary polyneuropathy which was reported for the first time by Corino de Andrade in Portugal. 1 This disease generally begins with sensory symptoms and signs (50%) and sexual impotence in man (30%). A less significant number of subjects have constipation (20%), loss of weight (10%) or diarrhea (10%) as an initial symptom. After two to five years of other dysautonomic symptoms are very common, namely orthostatic hypotension and severe diarrhea.

In a group of 60 patients followed at the neurology outpatient, we found that half had regular diarrhea which was particularly refractory in six. To control the diarrhea we used a low fibre diet, antibiotics (tetracyclines and metronidazole), metoclopramide and loperamide.