

## Importance of electromyographic studies in the diagnosis of orthostatic tremor. Reply<sup>☆</sup>

### Importancia del estudio electromiográfico en el diagnóstico del temblor ortostático. Réplica

Sir,

We appreciate the letter by Benito et al. emphasising the possible association between orthostatic tremor and vitamin B12 deficiency, which highlights the causal association between these 2 entities and the existing literature on this subject.<sup>1–6</sup> Indeed, being aware of this association, and given the medical history of the patient, we did review her vitamin B12 levels. At the time they were between 249 and 421 pmol/l (132–857) and mean corpuscular volume was around 85 fL (80–96) in successive analyses conducted between 2006 and 2009, when we first started treating her.

The patient had a history of gastric neoplasm in 2006 that required total gastrectomy and cholecystectomy, as well as monthly intramuscular supplements of vitamin B12, from 2006 until the present time. However, the clinical onset of instability in the lower limbs took place in 1996, 10 years before the history of gastric neoplasm and subsequent gastrectomy that caused the vitamin B12 deficit.

<sup>☆</sup> Please cite this article as: Yagüe S, et al. Importancia del estudio electromiográfico en el diagnóstico del temblor ortostático. Réplica. *Neurología*. 2011;27:122.

Nevertheless, it is important to bear in mind this association and we wish to thank Benito et al. for highlighting this potential causal inference, given the reversibility of orthostatic tremor after treatment and replacement of vitamin B12 levels.

## References

1. Benito-León J, Porta-Etessam J. Shaky-leg syndrome and vitamin B12 deficiency. *N Engl J Med*. 2000;342:981.
2. Koussa S, Taher A, Sayegh T. Postural and kinetic tremor associated with vitamin B12 deficiency. *Rev Neurol (Paris)*. 2003;159:1173–4.
3. Kumar S. Vitamin B12 deficiency presenting with an acute reversible extrapyramidal syndrome. *Neurol India*. 2004;52:507–9.
4. Katsaros VK, Glocker FX, Hemmer B, Schumacher M. MRI of spinal cord and brain lesions in subacute combined degeneration. *Neuroradiology*. 1998;40:716–9.
5. Morita S, Miwa H, Kihira T, Kondo T. Cerebellar ataxia and leukoencephalopathy associated with cobalamin deficiency. *J Neurol Sci*. 2003;216:183–4.
6. Yagüe S, Veciana M, Campdelacreu J. Importancia del estudio electromiográfico en el diagnóstico del temblor ortostático. *Neurología*. 2011;26:53–4.

S. Yagüe\*, M. Veciana, J. Pedro, J. Campdelacreu

*Unidad de Neurofisiología Clínica, Hospital Universitario de Bellvitge Principes de España, L'Hospitalet de Llobregat, Barcelona, Spain*

\* Corresponding author.

*E-mail address: syj180574@telefonica.net* (S. Yagüe).

doi:10.1016/j.nrleng.2012.03.005

## Bilateral carotid occlusion and progressive stenosis of vertebral arteries after radiotherapy in a young patient<sup>☆</sup>

### Oclusión carotídea bilateral y estenosis progresiva de arterias vertebrales posradioterapia en paciente joven

Sir,

An increased risk of stroke has been reported in patients under 60 who have received radiation therapy (RT) for head and neck neoplasms, due to the fact that irradiation of these regions causes accelerated atherosclerosis, enhanced by the coexistence of vascular risk factors. The onset of cerebral ischemia symptoms usually occurs 10 years after radiation

therapy,<sup>1</sup> although the exact course of post-RT arteriopathy and the most adequate treatment have not been properly established.

We report the case of a young stroke patient in relation to a major, progressive post-RT arteriopathy of extracranial cerebral arteries.

The patient was a 45-year-old male, a heavy ex-smoker with a history of nasopharyngeal carcinoma treated with RT at age 25. The total dose of RT received by the patient was 70 Gray (Gy), at a rate of 2 Gy daily. The irradiated area encompassed the nasopharynx (area of primary tumour) and lymph node chains (cervical region). He came to the emergency service due to a loss of strength in the left side of the body and dysarthria upon awakening. In the previous 2 days, he had presented self-limited episodes of neurological symptoms consisting of tongue paresthesia and a feeling of dizziness. We performed cranial CT scans, an electroencephalogram, chest radiography and laboratory studies, which all resulted normal. The patient was admitted at a stroke unit, where an MRI revealed an acute ischemic lesion in the right fronto-temporal region (Fig. 1A). The transcranial Doppler (TCD) showed a very significant acceleration of the right middle cerebral artery

<sup>☆</sup> Please cite this article as: Prefasi D, et al. Oclusión carotídea bilateral y estenosis progresiva de arterias vertebrales posradioterapia en paciente joven. *Neurología*. 2011;27:122–4.