Teaching NeuroImage: Oculomasticatory myorhythmia

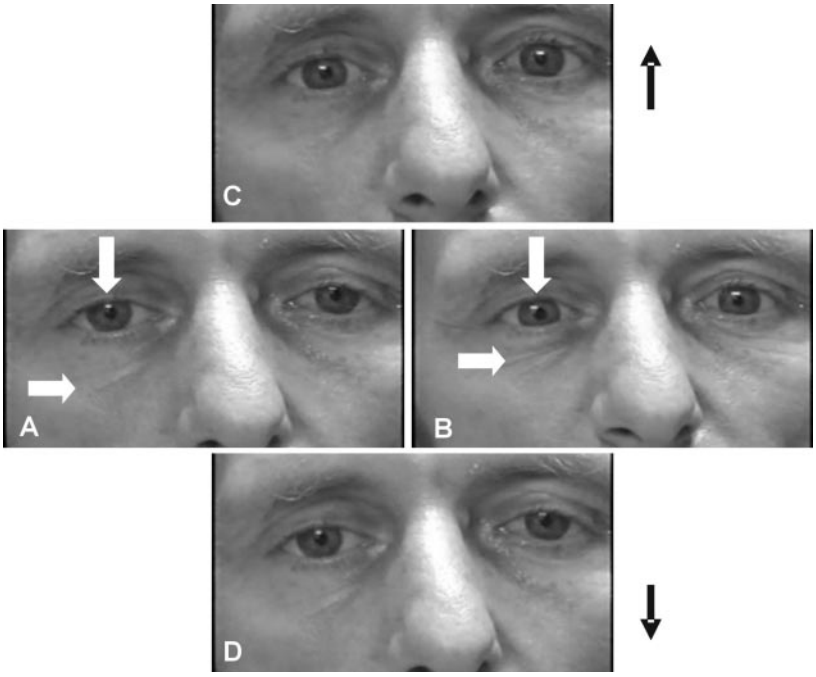
Pathognomonic phenomenology of Whipple disease

Fredy J. Revilla, MD
Rafael de la Cruz, MD
Nancy Khardori, MD, FACP
Alberto J. Espay, MD, MSc

Address correspondence and reprint requests to Dr. Alberto J. Espay, University of Cincinnati, 231 Albert Sabin Way, MSB 4503, Cincinnati, OH 45267-0525
alberto.espay@uc.edu

A 41-year-old patient developed diplopia, imbalance, and weight loss. Examination showed pendular vergence oscillations of the eyes and synchronous contractions of the masticatory but not palatal muscles, i.e., oculomasticatory myorhythmia (OMM; figure). There was complete supranuclear vertical and, to a lesser extent, horizontal gaze palsy. The remainder of the examination was unremarkable. Brain MRI was normal. OMM is pathognomonic of Whipple disease.[1] In its presence, neither jejunal biopsy nor blood or CSF PCR of *Tropheryma whippelii* is necessary for the initiation of trimethoprim-sulfamethoxazole.[2] This patient became symptom free after 6 months of treatment. Video footage of the typical presentation should assist clinicians in recognizing this highly treatable neurologic disorder.

Figure Divergent and convergent ocular oscillations and attempts to upgaze and downgaze



Episodes of divergent (A) and convergent (B) ocular oscillations can be appreciated in primary gaze (the corneal light is displaced laterally from A to B). Note the elevation of the inferior eyelid crease (horizontal arrow, A to B), indicating contraction of the levator labii muscles, synchronous with the convergent ocular movements. Attempts to upgaze (C) and downgaze (D) are ineffective.

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From the Department of Neurology (F.J.R., A.J.E.), Movement Disorders Center, University of Cincinnati, OH; Division of Infectious Diseases (R.d.l.C.), Capitol Community Health Center, Springfield, IL; and Department of Medicine (N.K.), Division of Infectious Diseases, Southern Illinois University, Springfield.

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