A 77-year-old woman diagnosed with a pontine cavernoma developed progressive difficulty swallowing. A videofluoroscopic swallowing study showed low-frequency rhythmic contractions of the soft palate and upper larynx (video at Neurology.org). Brain MRI revealed hypertrophy in the right inferior olivary nucleus (figure).

A chronic cavernoma induces deafferentation of the olivary nuclei, leading to progressive neuronal vacuolization and hypertrophy. The deafferented olivary neurons spontaneously organize into synchronously oscillating clusters, which produces the common clinical sign: a low-frequency tremor of the muscles derived from the brachial arch, pharynx, larynx, diaphragm, eyelids, and face.1 In 1886, Spencer2 defined this clinical sign as pharyngeal and laryngeal "nystagmus."

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Teaching Video NeuroImages: Olivary enlargement and pharyngeal nystagmus
John B. Finlay and Darío A. Yacovino
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