A 51-year-old woman developed subacute ataxia and intractable vomiting. MRI showed left dentate and area postrema lesions (figure 1, A–C). Serum aquaporin-4–immunoglobulin G positivity confirmed neuromyelitis optica spectrum disorder. Treatment was with steroids and plasmapheresis acutely and maintenance 6-monthly rituximab. MRI 9 months later revealed a new asymptomatic right medullary lesion (figure 1, D and E), prompting mycophenolate add-on therapy. The hypertrophy, expected location, and time course led us to diagnose hypertrophic olivary degeneration from dentato-rubro-olivary circuit (Mollaret triangle [figure 2]) interruption; no palatal tremor occurred.1,2 Mycophenolate was discontinued. Failure to recognize a medullary lesion as hypertrophic olivary degeneration from a prior insult along the Mollaret triangle may lead to unnecessary treatment.

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Disclosure
The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.
Figure 2 Mollaret triangle

Interruption of dentate fibers to red nucleus after an insult results in contralateral inferior olivary nucleus deafferentation and hypertrophy. IgG = immunoglobulin G.

Appendix Authors

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Role</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elia Sechi</td>
<td>Mayo Clinic, Rochester, MN</td>
<td>Author</td>
<td>Drafted manuscript, analyzed and interpreted the data, composed the figure</td>
</tr>
<tr>
<td>Natalie E. Parks</td>
<td>Dalhousie University, Halifax, Canada</td>
<td>Author</td>
<td>Interpreted the data, revised the manuscript for intellectual content</td>
</tr>
<tr>
<td>Kelly K. Koeller</td>
<td>Mayo Clinic, Rochester, MN</td>
<td>Author</td>
<td>Interpreted the data, revised the manuscript for intellectual content</td>
</tr>
<tr>
<td>Eoin P. Flanagan</td>
<td>Mayo Clinic, Rochester, MN</td>
<td>Author</td>
<td>Designed and conceptualized study, analyzed and interpreted the data, revised the manuscript for intellectual content, study supervision</td>
</tr>
</tbody>
</table>

References

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Elia Sechi, Natalie E. Parks, Kelly K. Koeller, et al.
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