Teaching Video NeuroImage: Spasmus Nutans, an Infantile Nystagmus

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A 5-month-old boy came to emergency department due to a monocular nystagmus with head-nodding (HN) and torticollis (Video 1). Fundoscopic exam excluded macular/optic nerve hypoplasia and retinal abnormalities. Brain magnetic resonance (MRI) was unremarkable (Figure). A diagnosis of spasmus nutans (SN) was made.

SN is a monocular/bilateral horizontal nystagmus with HN and torticollis (1); it usually disappears within 2 years but can persist until 12 years with an increased risk of developmental delay.

Ophthalmological evaluation and MRI are mandatory to confirm the diagnosis and to distinguish SN from SN-like diseases with underlying retinal, optic chiasm or brain lesions (2).

Video 1 Legend

Video shows a high frequency, small amplitude, intermittent, horizontal right nystagmus (part 1) accompanied by HN (part 2) that is thought to be compensatory and may evoke the vestibular ocular reflex that may dampen the SN; at sixth second the patient presents brief binocular nystagmus before its resolution.

Figure Legend

Brain Magnetic Resonance. A. T2 sequence axial plane shows no lesions in optic nerves (red arrows) and a right parietal positional plagiocephaly related to torticollis. B. T2 sequence axial plane shows no lesions in optic chiasm. C. T2 sequence coronal plane at the blue line.

References.


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