

Hypertrophic Olivary Degeneration

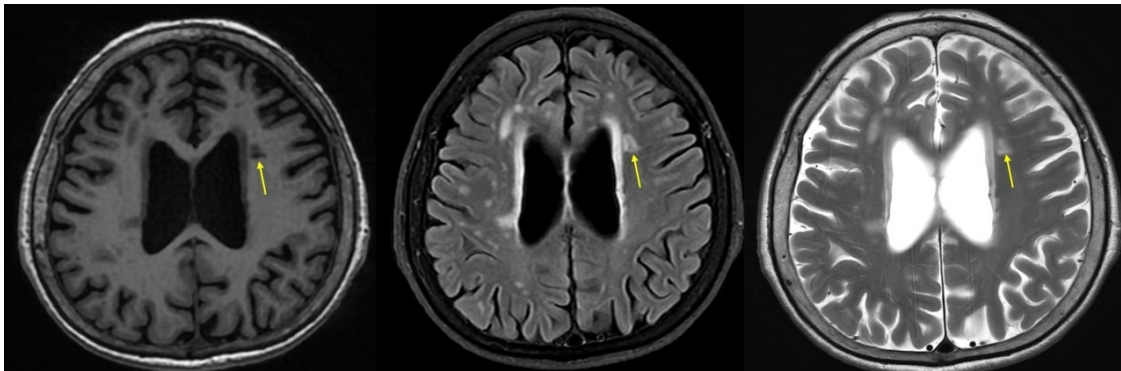
*Degeneración Olivar Hipertrófica*Oscar H. Del Brutto,^{1,2} Emilio E. Arias,² Eduardo J. Guzmán³

Figure 1. T1-weighted (left), Fluid Attenuated Inversion Recovery (center), and T2-weighted (right) MRI sequences showing a small subcortical infarct in the left cerebral hemisphere (arrows).

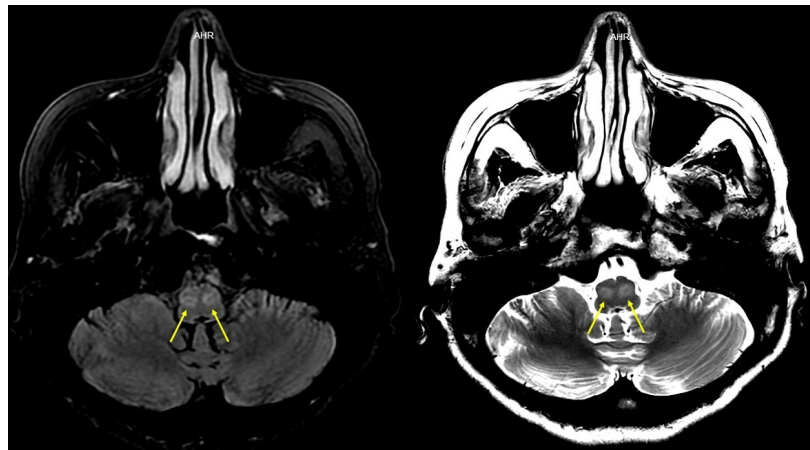


Figure 2. Fluid attenuated Inversion Recovery (left), and T2-weighted (right) MRI sequences showing bilateral and symmetrical hyperintense lesions in the inferior olivary nuclei (arrows).

A 60-year-old hypertensive woman with a history of right hemiparesis presented with clicking sounds in the ear, progressive dysphagia, and gait disturbance. Neurological examination revealed palatal myoclonus and ataxia. MRI demonstrated white matter hyperintensities, a chronic small paraventricular infarct in the left cerebral hemisphere (Figure 1), and bilateral hyperintense lesions involving the bulbar olivary nuclei (Figure 2). The latter

is consistent with hypertrophic olivary degeneration, a known sequelae of cerebral infarcts.¹ This case illustrates the delayed injury to the Guillain Mollaret triangle, manifesting as rhythmic palatal movements and impaired coordination.^{2,3} Recognition of this syndrome is essential for accurate diagnosis and for distinguishing it from other causes of dysphagia and movement disorders.

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Keywords: Hypertrophic olivary degeneration, Inferior olivary nucleus, Guillain-Mollaret triangle, Palatal myoclonus
Palabras clave: Degeneración olivar hipertrófica, núcleo olivar inferior, trigono de Guillain-Mollaret, mioclonías palatales

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