

Acute cerebellitis associated with juvenile idiopathic arthritis

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OBJECTIVES

Acute postinfectious cerebellar ataxia is the most common cause of acute ataxia in children. It is usually self-limited and has a benign clinical course. Acute cerebellitis is a rare neurological disorder with distinctive clinical and imaging characteristics. Unlike acute postinfectious cerebellar ataxia, acute cerebellitis may show a fulminant process. Many of these children suffer from a more severe and potentially life-threatening clinical condition. An autoimmune mechanism has also been suggested for acute cerebellitis in view of its postinfectious origin and the detection of autoantibodies in some patients targeting Purkinje cells, centrosomes, glutamate receptors, gangliosides, cardiolipin, and glutamic acid decarboxylase. We aimed to report a case with acute cerebellitis followed up with juvenile idiopathic arthritis (JIA).

CASE REPORT

An 8-year-old girl who was followed up with JIA for 2 years was admitted to the pediatric emergency department with sudden onset and severe headache, nausea and vomiting. She had received oral methotrexate therapy for the last 7 months. On neurological examination, she had endpoint nystagmus. The remaining neurological examination was normal. Cranial magnetic resonance imaging revealed bilateral T2 and FLAIR hyperintensities in the cerebellar cortex. Etiological workup for additional underlying paraneoplastic, infectious, autoimmune, and metabolic causes were found to be normal. She was treated with intravenous immunoglobulin (2 gr/kg, 5 days) and methylprednisolone (30 mg/kg/day, 5 days). On the 4th day of treatment, the patient's headache showed significant improvement.

CONCLUSIONS

The etiology of acute cerebellitis often remains unclear, but autoimmune mechanisms have been suggested. To our knowledge, this case is the first report describing the acute cerebellitis in a child with JIA.

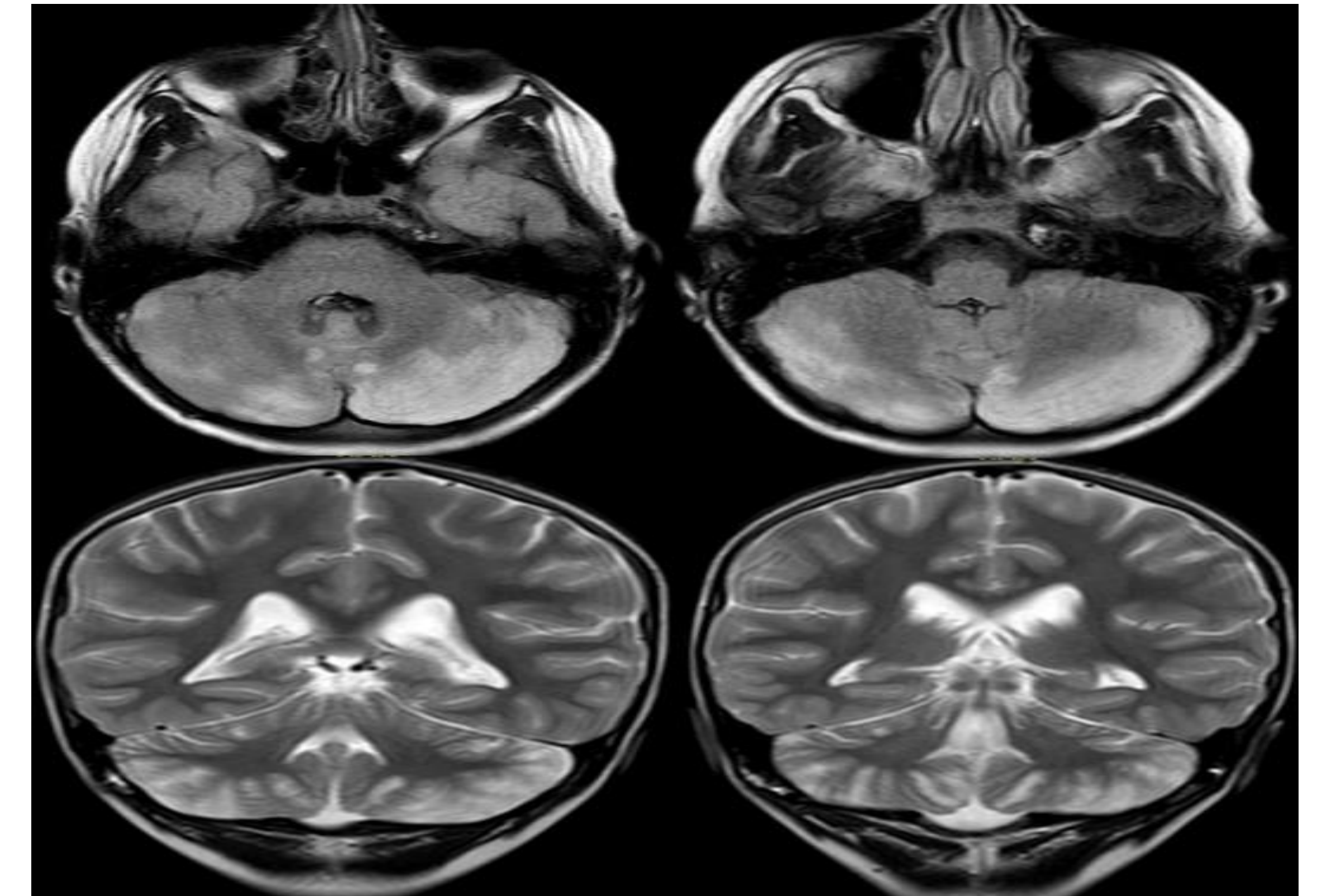


Figure: MRI findings of the patient

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