Area Postrema Syndrome

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Figure 1. MRI Brain and C-Spine. Axial T2-weighted (A), T2-FLAIR (B), and T1-weighted post-gadolinium (C) image sequences demonstrate a T2-hyperintense, non-enhancing lesion in the dorsal periependymal medulla affecting the area postrema. A sagittal T2-weighted sequence (D) illustrates the same lesion extending approximately 2 cm.

A woman of Pacific-Asian origin in her mid-40s presented with a 3-week history of intractable hiccups, nausea, and dizziness. Neurologic examination revealed nonfatigable upbeat nystagmus and ataxia. Imaging revealed a dorsal medullary periependymal demyelinating lesion in the area postrema (Figure 1). Aquaporin-4 (AQP-4) antibodies were positive in the serum using a cell-based assay. Intractable hiccups, nausea, and vomiting are the hallmarks of area postrema syndrome.¹ Neuroinflammatory involvement of the AP combined with this clinical syndrome and AQP-4 antibodies is highly specific for neuromyelitis optica spectrum disorders.² Acute-phase treatment consists of high-

dose steroids and plasma exchange, followed by long-term immunomodulation.

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Authors' Note

Dr Camara-Lemarroy contributed to case report concept, design, and critical revision of content. Drs Abo Al Sahm, Boyko, Krett, and Ms Jenkins contributed to manuscript revision and preparation of figures. Dr Yeung contributed to the critical revision of the manuscript content and takes responsibility for the data, the analyses and interpretation, and the conduct of the case report.

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