Case report for poster presentation

Supervising Consultant: Dr Anne Marie Childs
Authors: Dr Catherine Agar ST7, Dr Reena Basu ST7, Leeds Teaching Hospitals

Title:
A Case of Dancing Eyes

Case:
An 18-month-old, normally fit and well child, presented to the general paediatric team with a short history of jerking movements of his arms and legs, and ataxia. The movements were more prominent when asleep but also present when awake. Preceding this presentation, he had a 2 week viral illness from which his parents felt he had not fully recovered. They reported his sleep had been very poor subsequent to this illness and he was often unsettled.

Prior to this admission he had a normal developmental profile. Examination revealed an unsettled but consolable infant. Of significance, were tremulous movements of his limbs, more marked during sleep, and the occasional "eye judder." He was initially screened for sepsis and treated for a viral meningitis. Investigations including a CT head, MRI and EEG were normal.

During the admission he developed new jerky eye movements, and in conjunction with his other clinical features, he was diagnosed with Opsoclonus Myclonus Ataxic Sydrome (OMAS). Further investigations revealed an underlying neuroblastoma.

Background:
OMAS is a rare neurological disorder with an incidence of approximately 0.18 per million in the UK. The onset is usually in the 2nd year of life and the condition classically presents with: opsoclonus, myoclonus, ataxia, irritability and sleep disturbance. 50% of cases are associated with a neuroblastoma and therefore investigations are crucial to management. OMAS is associated with long term cognitive sequelae and cognitive and behavioural deficits are seen in 50-90% of cases[1,2].

Learning points:
OMAS presents with opsoclonus, myoclonus, sleep disturbance/ irritability and ataxia, often mistaken for acute cerebellar ataxia in the early stages. Investigations such as radioisotope imaging are crucial to exclude an underlying tumour. Management includes steroid treatment, treating the underlying tumour with aims to achieve remission and remain symptom free, and prompt recognition and management to avoid relapse.

References:
1. Ki Pang K, de Sousa C, Lang B, Pike MG. A prospective study of the presentation and management of dancing eye syndrome/opsoclonus-

myoclonus syndrome in the United Kingdom. Eur J Paediatr Neurol 2010;14(2):156-161.
2. De Grandis E, Parodi S, Conte M, et al Long-term follow-up of neuroblastoma associated opsoclonus-myoclonus-ataxia syndrome. Neuropediatrics 2009;40(3):103-111.