An Uncommon Cause of Dysarthria in an Elderly Gentleman

Muhammad Noushad¹  Shakya Bhattacharjee¹

¹Department of Neurology, Plymouth Hospital NHS Trust, Plymouth, United Kingdom

A 76-year-old gentleman presented with mild slurred speech. Five months earlier, he had vomiting and unsteady gait. Magnetic resonance imaging (MRI) head then showed hematoma of the dentate nucleus of the right cerebellum (►Fig. 1, black arrow). Now the clinical examination revealed mild dysarthria, asymmetric palatal tremor predominantly involving the right palatal arch, and pharyngeal myoclonus (►Video 1). The current MRI head showed hypertrophy of the contralateral inferior olivary nucleus of the medulla (►Fig. 2).

©2020 Association for Helping Neurosurgical Sick People

DOI https://doi.org/10.1055/s-0040-1701552
ISSN 0976-3147.
black arrow). He had symptomatic palatal tremor because of
the contraction of the levator veli palatine muscle.¹ We post-
tulate that the pharyngeal myoclonus was due to the com-
mon vagal nerve supply. Hypertrophic olivary degeneration
occurred secondary to a lesion in the Guillain–Mollaret trian-
gle.² The hallmark clinical feature of a lesion of the Guillain–
Mollaret triangle is the palatal tremor. The unilateral palatal
tremor happened due to the hypertrophic degeneration of
the contralateral olivary nucleus.³ However, though bilateral
symmetrical palatal tremor is common but an asymmetric
bilateral tremor described in our patient was rarely reported
in literature.

The palatal tremor can be essential or idiopathic and
symptomatic. The essential palatal tremor occurs due to the
contraction of the tensor veli palatine muscle, supplied by
the trigeminal nerve.³ Often patients complain of an audible
ear click. The MR head reveals no abnormalities in a patient
with essential palatal tremor. Symptomatic palatal tremor
occurs due to the contraction of the levator veli palatine,
supplied by the vagus nerve. Many other clinical signs like
Holme’s tremor, ocular tremor or flutter, or ataxia are found
in patients with symptomatic palatal tremor.

**Funding**

None.

**Conflict of Interest**

None declared.

**References**

1 Deuschl G, Toro C, Hallett M. Symptomatic and essential pal-
atatal tremor. 2. Differences of palatal movements. Mov Disord
1994;9(6):676–678
2 Choh NA, Choh SA, Jehangir M. Hypertrophic olivary degener-
ation: the forgotten triangle of Guillain and Mollaret. Neurol
India 2009;57(4):507–509
3 Naik KR, Saroja AO. Unilateral symptomatic palatal tremor
due to pontocerebellar infarction. Ann Indian Acad Neurol
2011;14(3):219–221