INTERNAL MEDICINE

□ PICTURES IN CLINICAL MEDICINE □

Intractable Hiccup in Demyelinating Disease with Anti-Myelin Oligodendrocyte Glycoprotein (MOG) Antibody

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Key words: anti-MOG antibody, intractable hiccup, cortical lesions, pulvinar lesions, medullary lesions

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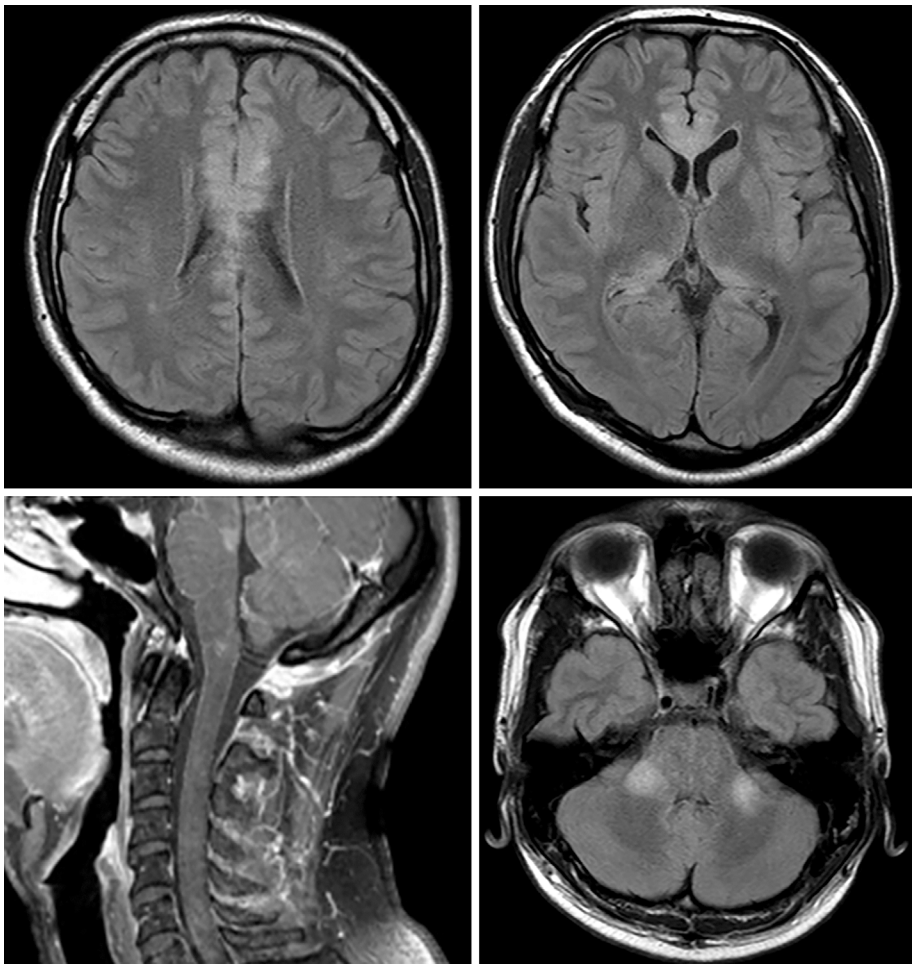

Picture.

The patient was a 29-year-old man who presented with intractable hiccup at the onset of demyelinating disease. This was followed, in quick succession, by blurred vision, gait disturbance with myoclonic spasms and paresthesia in both legs, and the inability to urinate. Brain and spinal MRI revealed lesions in the parasagittal cingulate gyri, pulvinar, cerebral peduncles, superior colliculi, middle cerebellar peduncles, inferior medulla, and upper cervical cord (Pic-

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ture). The patient was diagnosed with neuromyelitis optica spectrum disorder (NMOSD) based on the clinical findings (1). However, a serum analysis showed that the patient was negative for serum anti-aquaporin-4 (AQP4) antibody and positive for anti-myelin oligodendrocyte glycoprotein (MOG) antibody. We therefore considered that the correct diagnosis was acute demyelinating disease associated with anti-MOG-antibody. Two courses of steroid pulse therapy and oral prednisolone therapy alleviated the symptoms within two months. Although intractable hiccup is a characteristic manifestation of NMOSD with anti-AQP4-antibody (2), it can occur in patients with anti-MOG-antibody-associated diseases whose medullary lesions are not located in the area postrema.

The authors state that they have no Conflict of Interest (COI).

References

1. Wingerchuk DM, Banwell B, Bennett JL, et al. International consensus diagnostic criteria for neuromyelitis optica spectrum disorders. Neurology **85**: 177-189, 2015.
2. Misu T, Fujihara K, Nakashima I, Sato S, Itoyama Y. Intractable hiccup and nausea with periaqueductal lesions in neuromyelitis optica. Neurology **65**: 1479-1482, 2005.