

## Thalamic Pain (Dejerine-Roussy Syndrome) for Neurocysticercosis

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### Introduction

The eponym Dejerine Roussy syndrome (DRS) was coined after the description of an unusual combination of pain with other sensory and motor features, initially designated by the aforementioned authors as “Le syndrome thalamique” based on its clinicopathological correlation<sup>[1]</sup>. Clinically, the syndrome is characterized by contralateral hemisensory loss, astereognosia, hemialgic crisis described as tight, drawing, icy, and knifelike. Can be aggravated by mild cutaneous stimulation, emotional stress, meteorological changes and tends to develop during partial recovery of the sensory deficit. If the posterior limb of the internal capsule is involved, hemiparesis or hemiplegia may accompany the sensory syndrome. Other associated motor signs include hemiballismus, choreoatetosis, intention tremor and sensory ataxia opposite to the lesion. Similar pain can be produced by a lesion that involves the parietal lobe or the sensory pathways at any point in the cord (posterior columns and spinothalamic tract) or in the brainstem<sup>[2]</sup>. There are several etiologic theories proposed, which include central imbalance, central disinhibition, central sensitization, the grill illusion theory or thalamic changes, and the inflammatory response of the neural pathway involved<sup>[3]</sup>.

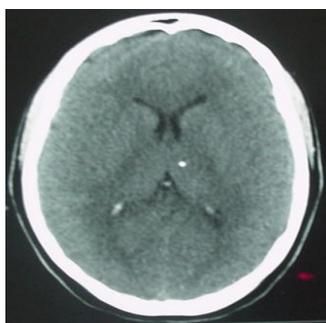


Figure 1: Cranium CT showed a left thalamic calcification.

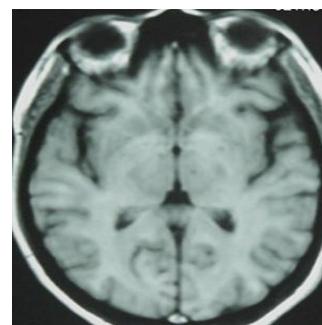


Figure 2: MRI showed a punctiform (lesion hypointense in T1-weighted images) and hyperintense in T2-weighted images in the left thalamus.

The main cause of thalamic syndrome is the vascular ischemic lesion resulting from the obstruction of the thalamogeniculate artery. Other causes include hemorrhagic stroke, demyelinating disorders, trauma and encephalitis. Illustrating an unusual etiology, we report a 36-years-old left-handed woman, veterinarian, with classic DRS, medically refractory disesthesia and pain in the right hemibody caused by a cysticercotic thalamic cyst. She showed relief after treatment with tricyclic antidepressant.

### References

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Received date: November 26, 2019 Accepted date: December 12, 2019 Published date: December 14, 2019

Citation: Hernandez-Fustes Otto, J., et al. Thalamic Pain (Dejerine-Roussy Syndrome) for Neurocysticercosis. (2019) *Int J Neurol Brain Dis* 6 (2):37

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