An unusual presentation of posterior fossa ependymoma in a child

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DESCRIPTION

A 15-year-old girl with a history of congenital nystagmus presented with newly recognised hyperkinetic tongue movements on protrusion without dysphagia, dysphonia or palatal myoclonus (see online supplementary video). Contrast-enhanced MRI revealed a small lesion within the fourth ventricle abutting the dorsal medulla (figure 1). The pathology on gross total resection demonstrated a hypercellular tumour with areas of perivascular pseudorosettes consistent with a diagnosis of ependymoma (figure 2). The tongue movements did not subside following resection, indicative of possible residual infiltrative neoplasm and unlikely functional disorder. Whereas tongue tremor has been reported as a consequence of progression or treatment of glioma,¹ ² this case highlights the association of hyperkinetic tongue movements as a possible presenting feature of posterior fossa ependymoma.

Learning points

▸ Childhood brain tumours may have diverse presenting features depending on tumour location that may include abnormal tongue movements.
▸ Hyperkinetic tongue movements or tongue tremor may signify a pathological process involving the hypoglossal nuclei located in the dorsal medulla.

REFERENCES
