

**Case Report****AS PARA NEOPLASTIC SYNDROME OPSOCLONUS MYOCLONUS ATAXIA [OMA]**DR. K. SATYA RAO, MD,DM<sup>1\*</sup>, DR. B.LIKHITHA, M.B.B.S<sup>2</sup><sup>1</sup>FORMER PROFESSOR OF NEUROLOGY, SENIOR CONSULTANT MEDICOVER HOSPITALS, VISAKHAPATNAM-530017<sup>2</sup>JUNIOR RESIDENT NEUROLOGY, MEDICOVER HOSPITALS, VISAKHAPATNAM-530017**Abstract**

OMA is a rare para neoplastic syndrome associated with CA breast and small cell carcinoma lung. 50% are associated with CA breast. we present here..... A 65 years old female presented with this syndrome with positive anti neural antibodies -ANTI RI ANTIBODIES with subsequent detection of the breast tumor.

**INTRODUCTION**

OMA is seen in 1 in 10 lakh people. It is manifested with chaotic movements of eyeballs, Myoclonic jerks and/or Tremor and ataxia both appendicular and truncal. In the children it is associated with Neuroblastoma and in adults 50% associated with CA breast or small cell carcinoma of the lung. Anti RI antibodies are associated in 60 to 70 % of OMA associated with CA breast. These are the antibodies targeted against Nova 1 and Nova 2[1]

Antigens widely distributed in CNS. When the tumor expresses these antigens the RI antibodies become positive. Remaining people are associated with viral encephalitis and idiopathic. This manifestation usually precedes the tumor Identification may be up to 4 years[2]. These patients respond to Pulse therapy of Methylprednisolone, iv Ig or immunotherapy.

**CASE REPORT**

We report here a 65 yrs old female who presented with opsoclonus, Myoclonic jerks, universal tremor and ataxia both appendicular and axial progressive over a period of 1 month. There was a past history of RT breast lump which was found to be benign.

Clinical examination showed normal higher mental functions, No cranial nerve palsy, normal power and DTR. plantars flexor bilateral

with normal sensory examination. With a suspicion of Para neoplastic syndrome we have evaluated the patient. Her haematological parameters are normal except hyperglycemia for which she was on treatment. Her MRI BRAIN was normal.

ECG, HRCT chest, RFT and LFT and 2D echo were normal. Her CSF examination showed mild cellular response with normal protein and sugar. Mammogram showed nodular lesion in Right breast. FNAC showed infiltrative ductal carcinoma. Her paraneoplastic work up showed positive anti neural antibodies ANTI RI. We considered the possibility of para neoplastic syndrome associated with ductal carcinoma of the breast and was treated with pulse therapy of Methylprednisolone 1gm daily for 5 days. Patient showed improvement of opsoclonus, myoclonus and ataxia.

Subsequently Patient was handed over to surgical oncologist for further management.

**CONCLUSION**

We conclude here a case report of OMA syndrome associated with ductal carcinoma breast, with positive RI antibodies. Since this syndrome is rare in adults and very few reports are there, our contribution will help in better understanding and further management.

**Reference**

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