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Isolated intractable nausea and vomiting with hiccups heralds a neuromyelitis optica area postrema syndrome

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MANUSCRIPT TITLE PAGE

Title:

Isolated intractable nausea and vomiting with hiccups heralds a neuromyelitis optica area postrema syndrome.

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Key Words:

Area postrema; Neuromyelitis optica; nausea and vomiting, hiccups

Title:

Isolated intractable nausea and vomiting with hiccups heralds a neuromyelitis optica area postrema syndrome.

Abstract:

Not applicable as submission is a Pictures in Neurology.

Manuscript:

A 23-year-old woman presented with intractable nausea, vomiting and hiccups over one-month, with no visual changes or features of myelitis. Extensive gastroenterological work-up was unremarkable. MRI brain and spine with gadolinium was normal aside from an isolated focal hyperintense T2/FLAIR signal with enhancement in the posterior inferior medulla oblongata, in the area postrema (Figure 1). Serum and CSF AQP4-IgG Abs were detected by immunofluorescence on a cell-based assay. The revised criteria for NMOSD (2015) accept AQP4-IgG antibody positivity coupled with an area postrema syndrome as diagnostic. [1] The latter requires MRI confirmation which is usually in the context of a longitudinal myelitis extending to the floor of the 4th ventricle and the area postrema. [1, 2] The diagnosis of NMO from an *isolated* area postrema syndrome has been infrequently reported. This presentation highlights the importance of clinicians recognising the distinct area postrema syndrome and considering neuro-inflammatory causes as differentials.

Conflicts of Interest/Disclosures:

The authors declare that they have no financial or other conflicts of interest in relation to this research and its publication.

Ethical considerations:

The patient had provided informed consent to the publication of her de-identified MRI scans. No ethics approval through an institutional committee on human research was required.

References:

1. Dubey D, Pittock SJ, Krecke KN, Flanagan EP. Association of Extension of Cervical Cord Lesion and Area Postrema Syndrome With Neuromyelitis Optica Spectrum Disorder. *JAMA neurology*. 2017;74(3):359-61.
2. Popescu BF, Lennon VA, Parisi JE, Howe CL, Weigand SD, Cabrera-Gomez JA, et al. Neuromyelitis optica unique area postrema lesions: nausea, vomiting, and pathogenic implications. *Neurology*. 2011;76(14):1229-37.

Figure Legends:

Figure 1: A: MRI Spine, T1 Sagittal and **B:** T1 Axial with gadolinium demonstrating isolated enhancement in the posterior inferior medulla oblongata, in the area postrema. **C:** MRI Brain, Axial FLAIR demonstrating an isolated focal hyperintense T2/FLAIR signal in the area postrema.

Figures:

Figure 1: **A:** MRI Spine, T1 Sagittal and **B:** T1 Axial with gadolinium demonstrating isolated enhancement in the posterior inferior medulla oblongata, in the area postrema. **C:** MRI Brain, Axial FLAIR demonstrating an isolated focal hyperintense T2/FLAIR signal in the area postrema.

