Tardive phenomenon presenting as isolated dysarthria: A rare entity mimicking stroke

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ABSTRACT

Distinguishing stroke mimics constitutes a considerable challenge for clinicians in emergency department. Here, we illustrate an extremely rare patient presenting with acute onset isolated dysarthria, who finally received diagnosis of tardive phenomenon associated with betahistine. Through the presentation of this case, we point out tardive phenomenon as an alternative differential diagnosis of stroke. Furthermore, this case adds substantial data presenting an interesting manifestation of isolated dysarthria as a tardive phenomenon, occurring due to betahistine usage which is extremely rare in literature.

2. Case Report

The report was prepared in accordance with the Declaration of Helsinki. The patient’s consent form has been obtained. A 18-year-old female patient was admitted to emergency department due to acute-onset lisping. Her complaints had started abruptly and progressed over two hours prior to her admission to hospital. The neurological examination revealed normal findings other than dysarthria and mild oromandibular dystonia (Figure 1). Based on a provisional diagnosis of stroke, a cranial magnetic resonance imaging scan was performed and the result did not reveal any abnormal findings. However, upon history taking, it was learnt that the patient had been suffering vertigo, tinnitus and vomiting for two days prior to her admission to hospital. She had been diagnosed as Meniere’s disease attack and had been taking betahistine dihydrochloride 24 mg twice daily and metoclopramide...
10 mg tablets once daily (a total of 20 mg with the last dose 8 h prior to onset of the symptoms). Taken together, tardive phenomenon associated with the use of metoclopramide and betahistine dihydrochloride was considered in the forefront. She gradually recovered from dystonia following intravenous hydration therapy. On evaluation sixteen hours later, dystasia and dystonia were totally resolved (Figure 2). On the other hand, detailed interrogation of medical history yielded that the patient had taken metoclopramide multiple times due to previous attacks of Meniere’s disease, but no adverse events had occurred. However, considering that betahistine dihydrochloride usage was new, the etiological agent of these symptoms should be betahistine rather than metoclopramide.

Conflict of interest statement

The author reports no conflict of interest.

References