Clinical Reminder

A rare presentation to TIA clinic

A 76-year-old lady was referred to the rapid access TIA clinic, with a 4-week history of unsteadiness without cognitive decline. On examination she was found to have marked bilateral cerebellar signs. CT head showed extensive small vessel disease. The clinical presentation was deemed disproportionate to the CT, and she was referred for an outpatient MRI brain scan.

Four days later she presented to the acute medical take with rapid deterioration. She was mute and only able to climb stairs on all fours. An urgent MRI and EEG were arranged, confirming the suspected diagnosis of sporadic Creutzfeldt-Jakob disease (sCJD) (Figure 1).

A recent study suggested 5% of sCJD cases present with cerebellar signs [2]. Owing to the rapid decline, it is imperative that the signs are recognised early to avoid unnecessary, costly investigations, to inform family members and to enable participation in end-of-life decisions. Furthermore, early identification facilitates analysis by the National CJD Surveillance Unit.

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Figure 1. The EEG showed the classic wave formation for sporadic Creutzfeldt-Jakob disease, periodic complexes at 1 per second with a low amplitude featureless background (see [1]).
References


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