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Meige's syndrome with Parkinson's disease: A rare case report

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Meige's syndrome was first introduced in 1910 by Henry Meige, which is characterized by blepharospasm and oromandibular dystonia. A 53-year-old woman reported that she had a 4 years history of PD. The PD began with the resting tremor of the right upper extremity and progressed to bradykinesia. In 2016-10-24, she admitted to our department and initiated to take Levodopa and Benserazide Hydrochloride, Benhexol Hydrochloride and Pramipexole. With the treatment, the limb tremor and bradykinesia were improved. However, she noted an involuntary movement of tongue and a constriction at the base of the tongue in 2017-01. She denied blepharospasm and any other physical complaints and had no family history of PD or Meige's syndrome. On physical examination, the main signs were barylalia, involuntary movement of tongue and lips, and resting tremor of the four limbs of the body. Magnetic resonance imaging of head showed that slight increase linear signal with the symmetry of bilateral basal ganglia on T1WI, T2WI and T2-FLAIR, the lesion were well defined and enhanced scan suggested no enhancement. Magnetic resonance angiography did not show abnormal blood vessel. Because Levodopa may result in aggravating patient's condition, we reduced the Levodopa and Benserazide Hydrochloride dosage, the Pramipexole dosage was advanced, the dosage of Benhexol Hydrochloride was not changed. Meanwhile, we increase Clonazepam, Tiapride Hydrochloride and Baclofen. The patient had no thrillingness or bradykinesia but had a slight involuntary movement of tongue after 2 days later and maintained 1 week.

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