

Opsoclonus-Myoclonus-Ataxia Syndrome Following Dengue Infection: A Rare Post-Infectious Neuroimmunological Complication

Tuesday-0711

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Rare post-infectious neurological complication • Early immunotherapy improves outcomes • Normal MRI does not exclude OMAS

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
Opsoclonus-myoclonus- ataxia syndrome (OMAS) is a rare immune-mediated neurological disorder characterized by opsoclonus, multifocal myoclonus and cerebellar ataxia. In adults, OMAS is usually post-infectious or autoimmune. Dengue- associated OMAS is exceedingly rare.	Case report of a 31-year- old man who developed progressive gait instability, involuntary limb jerks and abnormal eye movements approximately two weeks after confirmed dengue infection (NS1 positive).	Examination demonstrated opsoclonus, stimulus-sensitive myoclonus and broad-based ataxic gait. MRI brain was normal and EEG showed no epileptiform activity. CSF revealed mildly elevated protein without pleocytosis. The patient received high- dose IV methylprednisolone followed by oral taper and subsequent IVIG, resulting in marked neurological improvement.	Post-dengue OMAS is a rare but important immune-mediated neurological complication. Normal neuroimaging does not exclude the diagnosis. Early recognition and prompt immunomodulatory therapy can lead to substantial neurological recovery.	1. Pranzatelli MR. Opsoclonus-Myoclonus Syndrome. 2. Relevant OMAS and dengue literature. 3. Neuroimmunology references supporting post-infectious OMAS. CONTACT Sandeep Kumar Sivakumar, Calderdale and Huddersfield NHS trust, email: sandeep211100@gmail.com   ALZHEIMER'S ASSOCIATION AAIC 26