A CASE OF LONG-LASTING TREMOR IN A YOUNG MALE

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INTRODUCTION: we present the case of a 37-year-old male who has experienced bilateral hand tremors since the age of 30. His past medical history includes third cranial nerve palsy at age 33, which was diagnosed with negative imaging results and improved with oral corticosteroid treatment. The patient was referred due to the recent onset of paraesthesia in his left hand.

METHODS: a comprehensive neurological was performed, which required a nerve conduction study (NCS), nerve ultrasound evaluation and thus a Cerebrospinal fluid (CSF) analysis.

RESULTS: the neurological examination revealed a mild left ptosis, slight left hand muscle weakness (affecting the abductor of the 5th digit and the first dorsal interosseous muscles) and reduced touch and pinprick sensation in the left ulnar region. Bilateral postural and kinetic tremor was also observed. Deep tendon reflexes were generally reduced or absent. The nerve conduction study revealed a demyelinating neuropathy, characterized by diffuse and heterogeneous slowing of motor nerve conduction velocity, temporal dispersion and partial conduction blocks. Ultrasound evaluation showed a diffuse and inhomogeneous increase in Cross-Sectional Area (CSA) with multiple focal swellings along the course of all explored nerves, exhibiting high variability of inter-fascicular CSA. The CSF analysis showed an increased protein levels (109 mg/dL) and a dissociation between albumin and cell counts suggested an inflammatory process. These findings were consistent with a diagnosis of Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) and the patient was treated with corticosteroids (methylprednisolone 500 mg/day for 5 days), resulting in improvement of left-hand muscle weakness, paraesthesia and tremor.

Nerve	DML (ms)	CMAP (mV)	MNCV (m/s)	F-wave (ms)	SAP (uV)	SNCV (m/s)
R median	4.9	7.7/5.8	22.5		5.2	38.5
L median	4.9	9.6/0.7	6.6		NR	NA
R ulnar	4.4	13.7/3.9/3.2	8.2/9.2		NR	NA
L ulnar	5.5	4.1/1/1	26.4/16.3		NR	NA
R tibial	7.3	5.8/1.2	31.3	NR		
L tibial	7.3	3.3/2.1	31.1	NR		
R deep peroneal	3.7	7.8/6.6/4.8	37.2/34.2			
L deep peroneal	5.9	7.3/6.2/5.6	41.3/38.7			
L sural nerve					3.8	50.9
R superficial peroneal					4.7	41.1
L superficial peroneal					3.4	44.7

Table 1. The nerve conduction study revealed a demyelinating neuropathy, characterized by diffuse and heterogeneous slowing of motor nerve conduction velocity and partial conduction blocks. NR: no response NA: not applicable

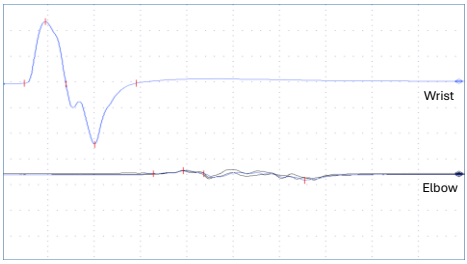

Figure 1. Left median nerve motor conduction study.

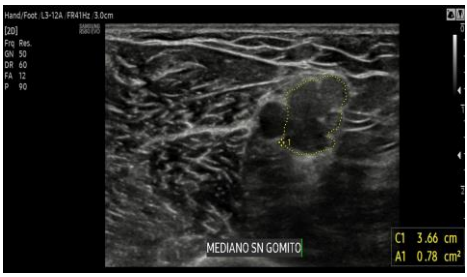

Figure 2. Ultrasound evaluation of the left median nerve showed an increase in Cross-Sectional Area (CSA).

CONCLUSIONS: this case highlights the complex and evolving nature of Chronic Inflammatory Demyelinating Polyneuropathy (CIDP). The patient presented with tremor over several years and an acute episode involving the cranial nerve. This case underscores the importance of ongoing monitoring and multidisciplinary evaluation in patients with chronic neurological symptoms, as the clinical course may evolve over time.