A wide variety of neurological syndromes have been described following hymenoptera sting like encephalopathy, myeloradiculopathy, optic neuropathy, seizures, parkinsonism, exacerbation of multiple sclerosis, myasthenia gravis, encephalomyelopolyradiculoneuritis and obsessive compulsive behaviour. While petechial haemorrhages, cerebral edema, meningeal hyperemia and intraventricular haemorrhage have been documented on post-mortem of patients dying of multiple honey-bee sting, occurrence of clinical cerebrovascular accident is rare. Oculopalatal syndrome with ataxia due to multiple intracranial haemorrhages is an unusual complication of hymenoptera sting. We herewith report a case of oculopalatal syndrome due to bee sting perhaps the first case in world literature to the best of our knowledge.

A 48 years non-hypertensive and previously healthy man developed acute loss of consciousness within 10 minutes following a hymenoptera sting on dorsum of left hand with local pain and swelling, for which he was admitted to a local hospital. After 8-10 days patient regained consciousness, following which he developed chaotic eye movements with ataxia. For this, the patient was referred to Neurology Outpatient Clinic. His neurological status revealed a conscious, oriented person with truncal and appendicular ataxia. In addition synchronized movements involving eyes and eyelids were noticed, which persisted during sleep. These rapid, jerky eye movements at the approximate rate of 160 HZ in vertical meridian would exacerbate on gaze fixation and ocular mobility. A restriction of horizontal gaze was observed. Similar tremulous movements of soft palate synchronous with eye movements were also noticed.

On investigating, magnetic resonance imaging of brain revealed multiple bleeds in various supratentorial (orbitofrontal) and infratentorial (midbrain and pontine) areas (Figs. 1 and 2). All other investigations including bleeding and coagulation profile and MR angiogram were normal. Patient was empirically kept on high dose intravenous methylprednisolone pulse therapy for three days. In next few days he showed partial improvement in ataxia and intensity of eye movements. He was discharged on symptomatic treatment (clonazepam, trihexyphenidyl, valproate) and

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Oculopalatal Syndrome with Ataxia Following Hymenoptera Sting

A Panagariya*, Bhawna Sharma**, A Garg***
supportive physiotherapy.

Oculopatatal syndrome has been earlier observed in brain stem infarction, spinocerebellar degeneration producing lesions of central tegmental tract or Guillain - Mollaret triangle. Oculopatatal syndrome occurring as a result of multiple intracranial haemorrhagic lesions due to single sting by *Hymenoptera* species is an unusual observation so far. Local and systemic allergic phenomenon ranging from fatal anaphylaxis, delayed serum sickness (vasculitis, neuritis, encephalitis), reactivation of latent hypersensitivity to nerve antigens and production of cross-reacting antibodies with myelin basic protein have been earlier described as possible pathogenic mechanisms. Similarly an allergic vasculitis is the postulated etiology in the present case which is further strengthened by partial response to intravenous steroid therapy.

**REFERENCES**


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