Intentional Hand Tremor Due to Thalamic Astrocytoma in Childhood: A Case Report

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✓ The case report of an 11 years old girl with intentional tremor of the right hand due to a low-grade astrocytoma in the left thalamus is presented. The tumor was resected by the left sylvian fissure approach. We presented this case as rarely seen symptom well childhood as.

Key words: Intentional tremor, movement disorder, thalamic astrocytoma

✓ Çocukluk Yaş Grubunda Talamik Astroitoma Bağlı İntansyonel El Tremoru

Burada sol talamik yerleşimi düşük gradeli astroitoma bağlı sağ kolda intansyonel el tremoru olan 11 yaşında kız olgu sunulmaktadır. Tümör sol sylvian fissür girişimi ile çıkarıldı. Çocukluk yaş grubunda nadir görülen bu semptom literatür bilgilerinin ışığı altında tartışılmaktadır.

Anahtar kelimeler: Intensiyonal tremor, hareket bozuklukları, talamik astrositom

INTRODUCTION

Supratentorial tumors comprise approximately 40% of brain tumors in children; of these about one-half are of neuroectodermal origin¹¹,²¹. Hemispheric supratentorial astrocytomas account for some 20% of supratentorial tumors in childhood. The peak incidence in children seems to be at around 7 to 8 years and there is a slight preference for males²⁹.

Tumors of the thalamus and the basal ganglia are relatively rare. They are estimated to make up 1-2.5% of intracranial tumors. Majority of these neoplasms are benign or malignant astrocytomas²⁴-²⁶. The tremor in the tumors of the thalamus and the basal ganglia is rare in childhood.

CASE REPORT

An 11 years old girl was admitted with 14 months history of mild shaking on the right hand. The neurologic examination showed papiledema and intentional tremor on the right hand without paresis.

The magnetic resonance imaging (MRI) sequences showed a low signal intensity lesion on T1 weighted and high-signal intensity on T2 weighted sequences, with a maximum diameter of 2.5 cm in the left thalamus. Enhanced MRI (with Gd-DTPA) shows a ring shaped high-signal intensity lesion with a low signal intensity area inside the ring (Figure 1).

Surgery was performed and the tumor removed totally trough a right pterional approach (through the sylvian fissure). Postoperative course is uneventful and the tremor has been totally improved.

On microscopic examination; glial tissue showed increased cellularity because of slightly enlarged neoplastic astrocytes expanding in an irregular and patternless
fashion. There were no mitoses, vascular endothelial proliferation or necrosis thus the lesion was diagnosed as low-grade astrocytoma (Figure 2).

Postoperatively 6000 cGy radiotherapy was performed.

At the central one year later she managed with no antiepileptic agent and remained symptom free.

**DISCUSSION**

As movement disorders are often related to dysfunction or structural lesions of the basal ganglia and the thalamus, a high incidence might be expected in intrinsic tumors, but paradoxically they seem to be infrequent.

The frequency reported for movement disorders in patients with tumors of the basal ganglia and the thalamus varies considerably and ranged from 1 to 33%.

Mark Brenstein et al. found the arm

![Image](image-url)

**Figure 2.** Low-grade astrocytoma. Increased cellularity and slightly enlarged neoplastic cells (H&E, X400).
tremor in 3 cases from a series of 60 children with thalamic tumors (5%).

The tremor or tremor/parkinsonism was reported in 59 cases (for all ages) with tumors of the basal ganglia and the thalamus in the literature from 1992[8,9].

The real controversy regarding irradiation applies to the management of children with low-grade tumors. Incompletely and also gross totally excised astrocytomas carry malignancy potential and they may invade spinal cord[9,10]. A number of reports demonstrate a beneficial effect of radiation therapy on incompletely excised astrocytomas[11,12].

We presented this case because of the thalamus and the basal ganglia and the tremor in these neoplasms are relatively rare especially in childhood.

REFERENCES


