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Atypical Lateral Knee Injury

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Atypical Lateral Knee Injury

in the hospital with no EEG-correlate for the tremors. At discharge, LEV was resumed, and primidone was decreased. She presented to the emergency room later with multisystem symptoms and worsening of tremor. Primidone was resumed at the original dose for suspected primidone withdrawal. Her tremors persisted despite resuming primidone and adding propranolol. Tremors were attributed to LEV given the temporal relationship with its initiation and dose-dependent worsening. The tremors resolved after stopping LEV. Patient stayed tremor-free on follow-up.

Conclusion: The temporal association of new-onset head and hand tremors with LEV initiation, dose-dependent worsening, and resolution with LEV discontinuation suggests that tremor is likely LEV-associated ADR (Naranjo score 7). Though rare, recognizing this ADR is important to allow for appropriate management by LEV cessation. ■

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Coexistence of Focal and Idiopathic Generalized Epilepsy: A Case Report

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Program: Neurological Sciences

Type: Case Report

Background: The presence of coexisting focal and idiopathic generalized epilepsy (IGE) is rare, and its etiopathogenesis unknown. We report a case of well-controlled IGE and medically-refractory temporal lobe epilepsy.

Case: A 26-year-old woman presented to the University of Nebraska Medical Center Epilepsy Clinic for evaluation of seizures. Her spells started at the age of 18 when she had an event of confusion and loss of orientation. Thereafter, she had episodes of metallic taste without seizures until the age of 26 when she had a generalized seizure preceded by an aura of abnormal taste. She was diagnosed with focal seizures based on semiology and empiric oxcarbazepine (OXC) started. Her seizure frequency worsened with OXC. Later, electroencephalogram (EEG) showed interictal generalized spike-and-wave (GSW) complexes and left frontotemporal epileptiform discharges. Brain magnetic resonance imaging was normal. Based on the EEG, OXC was switched to levetiracetam (LEV). On follow-up visit, she mentioned having myoclonic-like jerks as a teenager. She continued to have seizures on LEV, for which topiramate and clobazam were added without much benefit.

She underwent continuous video-EEG monitoring in the Epilepsy Monitoring Unit and had four left temporal onset clinical seizures. Interictal EEG showed left frontotemporal and GSW epileptiform discharges. Pre-surgical evaluation for medically-refractory left temporal epilepsy was initiated.

Conclusion: This case highlights the importance of using anti-epileptic medications with broad spectrum in patients with coexisting focal epilepsy and IGE as medications like oxcarbazepine can worsen IGE. It also emphasizes the importance of considering surgery for treatment of medically-refractory focal epilepsy even with coexisting IGE. ■

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Atypical Lateral Knee Injury

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Type: Case Report

Background: Tibial plateau fractures are extremely rare, accounting for only 1% of all fractures and often not seen on initial plain films. They frequently occur in the context of direct high-energy trauma and often go undiagnosed leading to delayed healing and return to activity.

Case: A 17 y/o HS football player presented to clinic after hyperextending his knee the night before during his game. Injury occurred while landing from deflecting a pass. He was unable to finish the game secondary to pain/instability sensation. On presentation, his symptoms were worsening leading to difficulty ambulating. Exam was remarkable for moderate effusion and tenderness to palpation over the lateral joint line. Range of motion was within normal limits. Special tests were notable for subtle laxity on varus testing at 30 degrees with firm endpoint at 0 degrees and positive McMurray for lateral meniscus pathology. Plain films were negative for an acute fracture; however, MRI showed a non-displaced fracture of the right lateral tibial plateau without other internal derangements of the knee. Patient was made NWB and placed in hinged knee brace locked in full extension for 3 weeks and then progressive ROM as typical for tibial plateau fracture management. After 12 weeks of treatment, he was able to return to sporting activities.

Conclusion: Tibial plateau fractures are often associated with soft tissue injuries; specifically, lateral plateau fractures are associated with MCL tears and medial plateau fractures with LCL tears. This case represents an incredibly rare presentation of a non-traumatic tibial plateau fracture without associated knee pathology. ■

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