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Meige's syndrome with Parkinson's disease: A rare case report

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Abstract: Meige's syndrome was first introduced in 1910 by Henry Meige, which is characterized by blepharospasm and oromandibular dystonia^{1, 2}. There are three main types of Meige's syndrome: blepharospasm only, oromandibular dystonia only, or a blepharospasm combine with oromandibular dystonia. Rarely, Meige's syndrome is amalgamated with Parkinson's disease (PD).

This article reports a unique case which is a combination of Meige's syndrome and PD.

Case Report: A 53-year-old woman reported that she had a 4 years history of PD. The PD began with the resting tremor of the right upper extremity and progressed to bradykinesia. In 2016-10-24, she admitted to our department and initiated to take Levodopa and Benserazide Hydrochloride (0.375g/day), Benzhexol Hydrochloride (6.0mg/day) and Pramipexole (1.0mg/day). With the treatment, the limb tremor and bradykinesia were improved. However, she noted an involuntary movement of tongue and a constriction at the base of the tongue in 2017-01. She denied blepharospasm and any other physical complaints and had no family history of PD or Meige's syndrome. On physical examination, the main signs were barylalia, involuntary movement of tongue and lips, and resting tremor of the four limbs of the body.

Subsequent work -up included magnetic resonance imaging of head showed that slight increase linear signal with the symmetry of bilateral basal ganglia on T1WI, T2WI and T2-FLAIR, the lesion were well defined and enhanced scan suggested no enhancement. Magnetic resonance angiography did not show abnormal blood vessel (Fig1). No apparent changes in ultrasound of heart, abdomen, nephro and cervical artery, and chest x-ray, electrocardiograph, blood routine test, routine urinalysis and tests of the liver and kidney functions.

Because Levodopa may result in aggravating patient's condition³. Given the motor symptoms of PD had improved, we reduced the Levodopa and Benserazide Hydrochloride dosage to 0.25g/day, the Pramipexole dosage was advanced to 2.0mg/day, the dosage of Benzhexol Hydrochloride was not changed. Meanwhile, we increase Clonazepam (1mg/day), Tiapride Hydrochloride (0.3g/day) and Baclofen (30mg/day). The patient had no thrillingness or bradykinesia but had a slight involuntary movement of tongue after 2 days later and maintained 1 week. So she was discharged from our department and is following-up regularly up to 1 year.

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