

中文題目：Trousseau 症候群合併 supplementary motor area 症候群

英文題目：Trousseau's syndrome associated with supplementary motor area syndrome

作者：王勝輝¹，張平穎²

服務單位：¹三軍總醫院內科部胸腔內科，²三軍總醫院內科部血液腫瘤科

Abstract:

A 77-year-old man presented to the emergency department with progressive right upper limb weakness, aphasia, and incontinence beginning 2 days prior. He had a history of colon cancer with bladder, prostate, and lung metastases. Physical examination revealed paresis of the right upper limb and left lower limb. Brain computed tomography showed a hyperdense mass involving the left parietal lobe, suspected brain metastasis. However, we observed some additional unusual behaviors that could not be correlated with the CT findings, such as repetitive grasping of the left hand and the inability to pick up a mobile phone with the left hand. Brain magnetic resonance imaging was performed, revealing multiple acute cerebral infarctions, including the genu of the corpus callosum. The patient was diagnosed with Trousseau's syndrome in association with supplementary motor area (SMA) syndrome. This case highlights the importance of considering thromboembolic events during neurological evaluations, even in patients with malignancies associated with brain lesions.