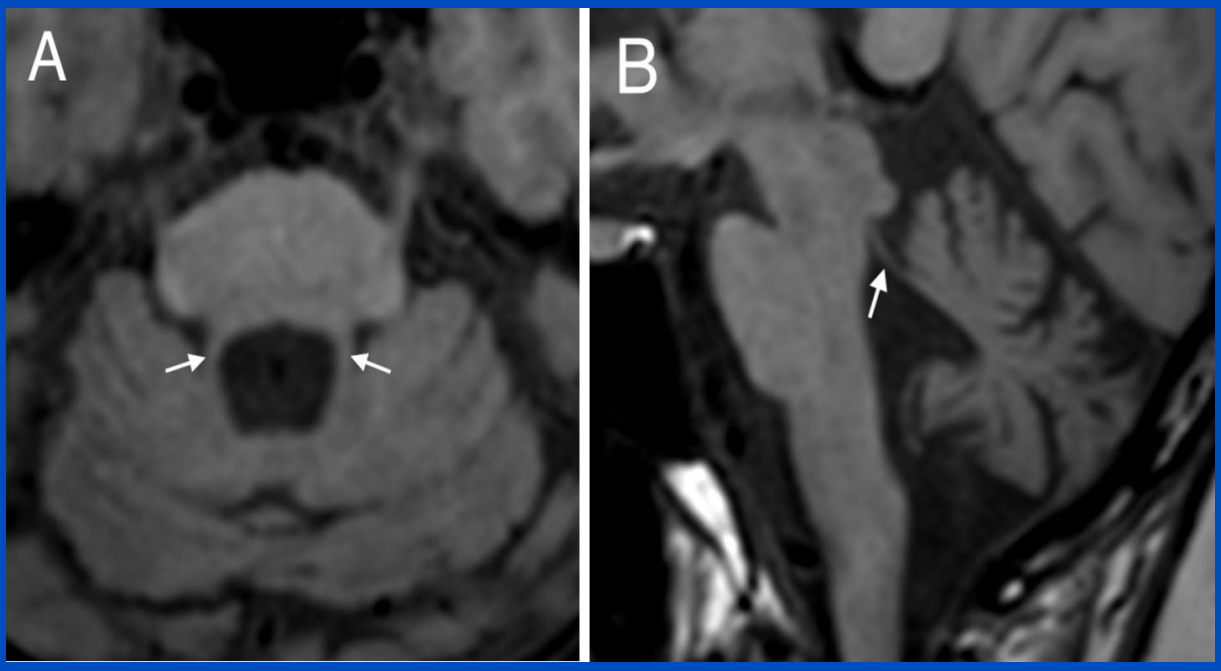
OFFICIAL PUBLICATION OF
THE MINISTRY OF HEALTH
AND
UNIVERSITI BRUNEI DARUSSALAM

Brunei International Medical Journal

Volume 18

29 July 2022 (30 Zulhijjah 1443H)



Brunei Int Med J. *2022;18:120-121*

ISSN 1560 5876 Print
ISSN 2079 3146 Online

Online version of the journal is available at www.bimjonline.com

Brunei International Medical Journal (BIMJ)
Official Publication of
The Ministry of Health
and
Universiti Brunei Darussalam

ISSN 1560-5876 Print
ISSN 2079-3146 Online

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The BIMJ publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries and letters to the Editor. Topics of interest include all subjects that relate to clinical practice and research in all branches of medicine, basic and clinical including topics related to allied health care fields. The BIMJ welcomes manuscripts from contributors, but usually solicits reviews articles and special reports. Proposals for review papers can be sent to the Managing Editor directly. Please refer to the contact information of the Editorial Office.

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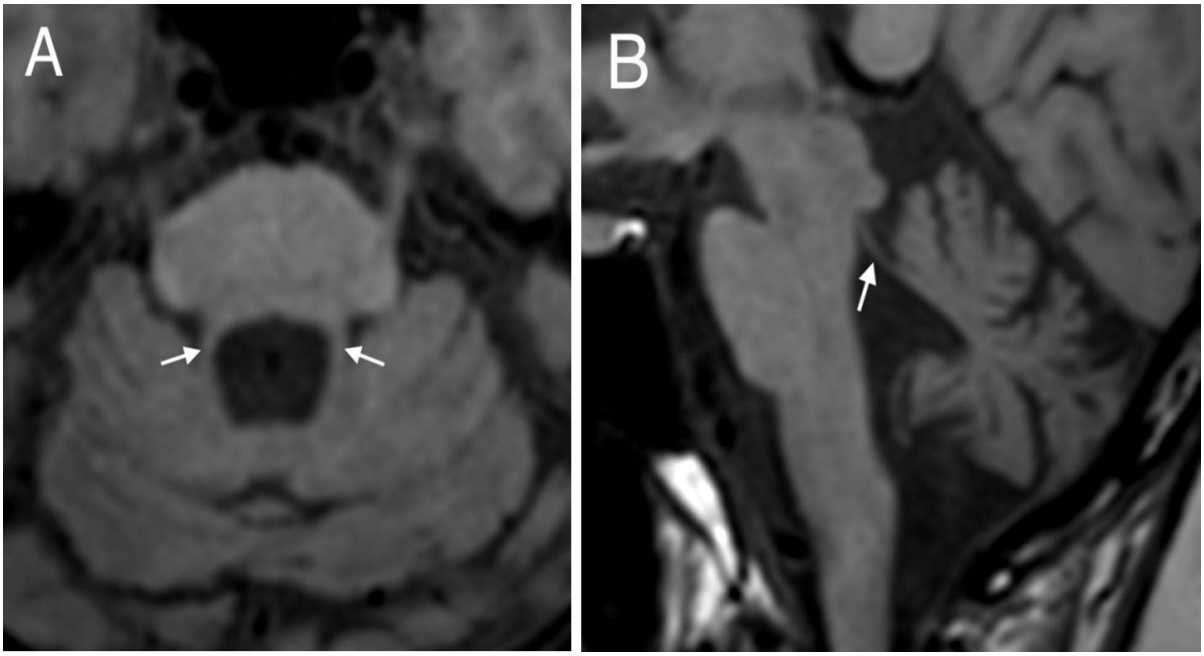

Figure 1

A 62-year-old woman with no known comorbidities presented with two years history of progressive imbalance, resulting in difficulty in walking. Within one year after the presentation, she was wheelchair bound. She later developed unilateral tremors, more on the right upper limb which caused trouble in feeding and writing. On examination, her blood pressure was 131/73 mmHg, with no evidence of postural hypotension. The pulse rate was 85 beats per minute and regular. Cranial nerve examination revealed no nystagmus or vertical gaze palsy. There was no motor weakness in the upper and lower limbs, and no cerebellar signs as evidenced by negative finger-to-nose test and dysdiadochokinesia. Mild resting tremor on the right side was noted, but no obvious bradykinesia was seen. Assessment of the gait revealed inability to perform tandem gait. Blood investigations and nerve conduction studies were normal. Therefore, a magnetic resonance imaging (MRI) of the brain was arranged.

What is the diagnosis?

***Answer**: refer to page 123*

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DISCLOSURE: There is no conflict of interest and consent has been obtained from patient for use of this image.

***Brunei Int Med J.**2022;18:122-123; Published on 29 July 2022; 30 Zulhijjah 1443*