Japan. Antibody was also positive in 1 of 45 healthy controls, 3 of 4 patients with EBV without ataxia, and 9 of 67 controls with other diseases (meningitis, spinocerebellar degeneration, and systemic lupus erythematosus). The mean antibody titer was significantly higher in the ACA group compared to others, except for those with EBV without ataxia. Chronological studies showed that the antibody titers correlated with the clinical symptom severity and resolution. (Uchibori A, Sakuta M, Kusunoki S, Chiba A. Autoantibodies in postinfectious acute cerebellar ataxia. Neurology October (1 of 2) 2005;65:1114-1116). (Reprints: Dr Atsuro Chiba, Department of Neurology, Schopol of Medicine, Kyorin University, 6-20-2 Shinkawa, Mitaka, Tokyo 181-8611, Japan).

COMMENT. The chronological change in anti-TPI antibody titer suggests that antibody production is stimulated by the preceding EBV infection and is involved in the cause of ataxia. The cerebellar tissue had the strongest antigenicity to the ACA patients’ serum. Other infections associated with acute cerebellar ataxia include varicella (Goldston AS, Millichip JG, Miller RH. Am J Dis Child 1963;106:197-200); and Mycoplasma pneumoniae (Ped Neur Briefs 2004;18:62).

VASCULAR DISORDERS

HERBAL SUPPLEMENTS AND CEREBRAL VASCULOPATHY

A case of stroke attributed to a herbal energy drink containing sympathomimetic phenylpropanoid compounds is reported in a 21-year-old man treated at the University of Virginia, Charlottesville. Within hours after 250 ml of XS Cranberry-Grape Blast while on a hike, the patient, a type 1 diabetic, developed severe headache, photophobia and hemiataxia. Diffusion-weighted MR imaging revealed an acute brainstem infarction and bilateral subarachnoid hemorrhage. Cerebral angiography showed multiple areas of narrowing and dilatation in distal segments of middle and posterior cerebral arteries. A screen for drugs of abuse was negative. The drink contained a mixture of herbal compounds including ginseng and Chinese magnolia vine. In addition, the patient routinely drank the caffeine containing Red Bull Sugar Free. (Worrall BB, Phillips CD, Henderson KK. Herbal energy drinks, phenylpropanoid compounds, and cerebral vasculopathy. Neurology October (1 of 2) 2005;65:1137). (Reprints: Dr BB Worrall, Department of Neurology, University of Virginia Health System, Box 800394, Charlottetville, VA 22908).

COMMENT. The patient’s diabetes may have increased the risk of vasculopathy and stroke with this high energy, ginseng-containing drink. In a report from Taiwan (Ryu S-J, Chien Y-Y. Neurology 1995;45:829-830; Ped Neur Briefs June 1995), ginseng-associated cerebral arteritis and headache were reported in a 28-year-old woman who had taken an infusion of ginseng root (25 mg stewed in rice wine) for fatigue. The patient had never experienced headache following smaller quantities of ginseng (Chinese practice usually recommends 0.5 to 2gm). Cerebral angiogram revealed multiple areas of alternating focal constriction and beading in anterior and posterior cerebral arteries and superior cerebellar artery, consistent with arteritis. The headache resolved gradually in 10 days. Experimentation with unusually large doses of ginseng to improve stamina or concentration may carry a risk of headache, vasculitis and stroke.