Central Vertigo Secondary to Choroid Plexus Papilloma: The Importance of Oculomotor Examination in Identifying Red Flags in Patients Presenting with Dizziness - A Case Report

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Abstract

A 45-year-old woman presented to a physiotherapy clinic within Clalit Health Services with a six-month history of persistent dizziness. Clinical history revealed complaints of gait instability, particularly in low-light conditions, as well as photophobia. Oculomotor examination demonstrated findings suggestive of a central origin, including asymmetric impairment, with worsening nystagmus in right gaze, gaze-holding nystagmus in right gaze. Saccadic eye movements demonstrated overshooting (hypermetric saccades). During the vestibulo-ocular reflex (VOR) cancellation test, the patient reported dizziness and nystagmus was observed. The Head Impulse Test (HIT) revealed a right sided corrective saccade, accompanied by diplopia on right gaze.

Based on these findings, the patient was referred for magnetic resonance imaging (MRI). Imaging revealed a benign lesion in the right cerebellum consistent with choroid plexus papilloma (CPP), which accounted for the clinical presentation. The patient subsequently underwent surgical intervention followed by a prolonged course of vestibular rehabilitation.

This case highlights the importance of comprehensive vestibular history-taking and oculomotor examination in identifying central pathology. It further emphasizes the role of physiotherapists in recognizing red flags and facilitating timely referral for appropriate medical evaluation and management.

Keywords: red flags, oculomotor examination, dizziness, choroid plexus papilloma, vestibular rehabilitation