Vertigo in a taxi driver

A man in his 60s presented with recurrent vertigo attacks. He was a taxi driver and enjoyed talking with his customers in the passenger seat on his right. Six months previously, he felt a sudden onset of vertigo during a conversation. This symptom had since recurred frequently and he realized that this was related to rotating his head.

Contrast-enhanced computed tomography of the neck revealed a severe stenosis in the distal segment of the right vertebral artery (*Figure 1*). With three-dimensional reconstructed cervical computed tomography angiography, a definite hypoplasia of the right vertebral artery was evident (*Figure 2*). The patient was prescribed antiplatelet drugs and was advised to refrain from abrupt head rotation, especially when driving.

Rotational vertebral artery syndrome is characterized by recurrent attacks of paroxysmal vertigo, nystagmus and syncope elicited by head rotation-induced compression of the dominant vertebral artery. In addition, the improvement of symptoms when the head returns to a neutral position is the pathognomonic finding. BJHM

Dr Se-Hyung Kim, Associate Professor, Department of Otorhinolaryngology-Head and Neck Surgery, Jeju National University School of Medicine, Jeju National University Hospital, Jeju, 63241, Republic of Korea (meddoc98@gmail.com)

Figure 1. Computed tomographic axial view of the neck at the level of the second cervical vertebra shows severe stenosis of the right vertebral artery (yellow arrow).

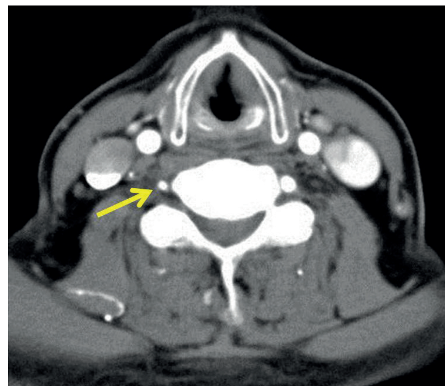
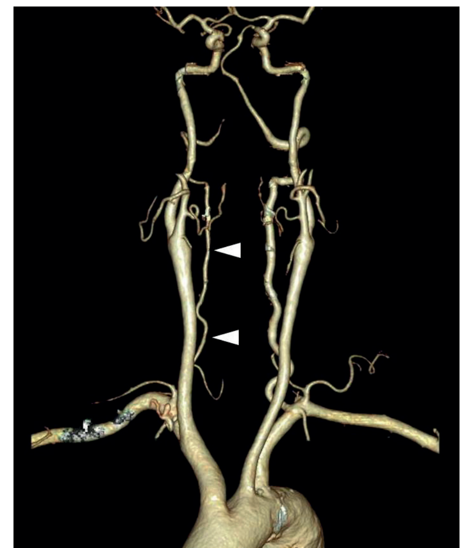


Figure 2. Three-dimensional reconstructed image of computed tomography angiography of the neck confirms that the left vertebral artery is patent and the right vertebral artery is hypoplastic (arrowheads).



Bilateral red legs as a result of vitamin B_{12} deficiency

A 34-year-old woman presented with a 3-month history of increasingly swollen red feet. She reported severe burning pain in her feet and legs which was not controlled, despite high-dose intravenous opioid medication. She did note that immersing her feet and legs in cold water relieved some of the pain.

On examination, there was symmetrical distal red dusky appearance with punctate ulcers on the feet (*Figure 1*). This presentation is typical of erythromelalgia. There was extensive investigation to look for underlying causes of the symptoms. The patient had low levels of vitamin B_{12} and raised levels of intrinsic factor antibodies. She was diagnosed with erythromelalgia secondary to pernicious anaemia.

Symptoms improved over several months with treatment. Pharmacological treatment included aspirin, opioids, gabapentin, amitriptyline, topical lidocaine and vitamin B_{12} replacement. At 6-month follow up, pain was present but reduced and the swelling and erythema was completely resolved.

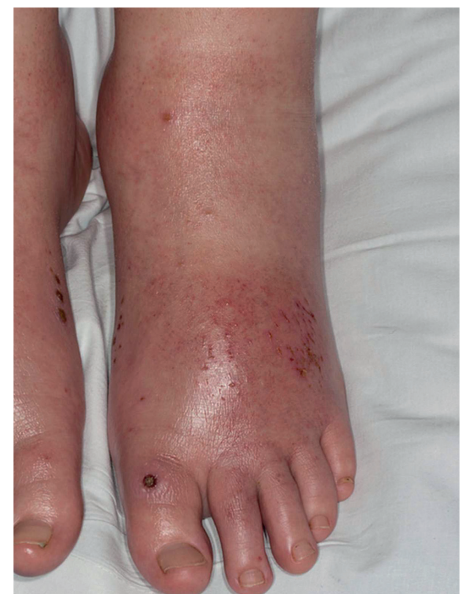
This is the first known report of erythromelalgia secondary to vitamin B_{12} deficiency with negative parietal cell antibodies and positive intrinsic factor antibodies. BJHM

Dr Sanjay Budhdeo, Honorary Specialty Registrar, National Hospital for Neurology and Neurosurgery, London WC1N 3BG

Dr Vuvek Rajagopal, Consultant in Rheumatology and General Medicine, West Suffolk Hospital, Bury St Edmunds, Suffolk

Correspondence to: Dr S Budhdeo (s.budhdeo@ucl.ac.uk)

Figure 1. Appearance of the patient's feet before starting vitamin B_{12} replacement.



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