

**ACUTE CEREBELLAR SYNDROME SECONDARY TO METRONIDAZOLE TOXICITY  
IN A FILIPINO PATIENT WITH ALCOHOLIC LIVER CIRRHOSIS – A CASE REPORT**

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## **Significance:**

Metronidazole is one of the most widely used antibiotics. Absorption is primarily in the GI tract with excellent penetration of the CSF. Neurological toxicity is common, but is largely confined to peripheral neuropathy. Case reports have shown that in patients with certain risk factors, toxicity can present as an acute cerebellar syndrome. Presently, no published Philippine cases are available in the literature.

## **Clinical Presentation:**

We have a 60-year-old female with Liver Cirrhosis who presented with dizziness for one week. She was on Metronidazole for 3 weeks for the treatment of infectious diarrhea and presented at the ER with nystagmus, dysmetria, and dysdiadochokinesia.

## **Management:**

A contrast enhanced MRI was done which showed bilateral symmetric hyperintense signal in the dentate nucleus and punctate and patchy T2/FLAIR hyperintensities in the white matter regions of both frontal, parietal and temporal lobes. There was no restricted diffusion to suggest an acute infarct. Symmetric abnormal signals in both dentate nuclei can be seen in Metronidazole encephalopathy. Metronidazole was placed on hold. Complete resolution of symptoms was noted and repeat MRI on follow-up showed resolution of the cranial lesions.

## **Recommendation:**

Metronidazole is one of the most common drugs prescribed. Patients with chronic liver disease seem to metabolize it slower than the general population, leading to prolonged plasma levels and a propensity to toxicity. Although rare, it is important to monitor and watch out for the neurologic adverse reactions of the drug.

**Key words:** Case report, Metronidazole, MRI, Cerebellar syndrome, Liver Cirrhosis, Toxicity