

FROM SENSORY DISTURBANCE TO DIAGNOSIS: A CASE OF DEJERINE-ROUSSY SYNDROME AFTER THALAMIC STROKE

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Background

Dejerine-Roussy syndrome, or poststroke thalamic pain, is a form of central pain that occurs after ischemic or hemorrhagic strokes involving the thalamus. It is characterized by chronic neuropathic pain, often presenting as allodynia, hyperalgesia, and dysesthesias. In addition to pain, patients may experience sensory deficits, including loss of touch and proprioception. The prevalence of thalamic pain varies, ranging from 3% to 25% among stroke patients. Diagnosis is primarily clinical, based on the patient's stroke history and characteristic symptoms. Treatment is challenging and typically involves a multimodal approach, including medications like antidepressants, anticonvulsants, and occasionally opioids, though responses are often variable.

Case report

A 65-year-old man, with a history of hypertension and chronic alcohol use, was admitted to an Internal Medicine unit after a left thalamo-capsular ischemic stroke. He presented with mild right-sided hemiparesis, hypoesthesia, and impaired sensation, predominantly in the distal upper limb. He underwent physiotherapy during his hospital stay. Despite favorable functional recovery, he continued to experience persistent sensory disturbances, including constant paresthesias, numbness, and paroxysmal dysesthesias. Initially, he was treated with pregabalin (25 mg + 100 mg), with only mild improvement. Following discharge, he was referred to a Physical and Rehabilitation Medicine outpatient consultation, where Dejerine-Roussy Syndrome was diagnosed. His treatment was adjusted with increased pregabalin (75 mg twice daily) and the introduction of amitriptyline (25 mg). A month later, he reported clear improvement, with less frequent and milder episodes of dysesthesias. He remains under follow-up in Rehabilitation Medicine, resuming therapy as an outpatient.

Conclusion

Dejerine-Roussy Syndrome significantly impacts quality of life, especially after a thalamic stroke. This case highlights the challenges of diagnosis and treatment, with the progression of sensory symptoms and partial response to initial treatment with pregabalin and a tricyclic antidepressant. A multidisciplinary approach is essential for optimizing rehabilitation and improving patient outcomes.

Keywords: Dejerine-Roussy, Thalamic pain, Stroke, Neuropathy