

Downbeat nystagmus

Nystagmus with the fast phase downward while in primary position.

Downbeat nystagmus is considered a characteristic of **Type 1 Chiari malformation** also **Chiari type 2 malformation**. 10% will have a normal neurologic exam with occipital H/A as their only complaint. Some patients may present primarily with spasticity.

Most patients have a structural **posterior fossa lesion**, especially at the cervicomedullary junction (**foramen magnum** (FM), ¹⁾ including **Chiari I malformation**, **basilar impression**, **posterior fossa tumors**, **syringobulbia**. ²⁾

Uncommonly occurs in **multiple sclerosis** (MS), spinocerebellar degeneration, and in some metabolic conditions (hypomagnesemia, thiamine deficiency, **alcohol intoxication** or withdrawal, or treatment with phenytoin, carbamazepine or lithium ³⁾).

Case reports

Fohlen M, Taussig D, Bulteau C, Audren F. Reversible **downbeat nystagmus** induced by **carbamazepine** in a three-year-old child. *Epileptic Disord.* 2021 Dec 17. doi: 10.1684/epd.2021.1400. Epub ahead of print. PMID: 34933835 ⁴⁾.

¹⁾

Wilkins RH, Rengachary SS. *Neurosurgery*. New York 1985

²⁾

Pinel JF, Larmande P, Guegan Y, et al. Down-Beat Nystagmus: Case Report with Magnetic Resonance Imaging and Surgical Treatment. *Neurosurgery*. 1987; 21:736-739

³⁾

Williams DP, Troost BT, Rogers J. Lithium-Induced Downbeat Nystagmus. *Arch Neurol.* 1988; 45: 1022-1023

⁴⁾

Fohlen M, Taussig D, Bulteau C, Audren F. Reversible downbeat nystagmus induced by carbamazepine in a three-year-old child. *Epileptic Disord.* 2021 Dec 17. doi: 10.1684/epd.2021.1400. Epub ahead of print. PMID: 34933835.

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