

A 9-year-old male patient with a recurrent [fourth ventricle anaplastic ependymoma](#) who developed severe [arterial hypertension](#) and [blood pressure](#) lability during and after [surgery](#). A punctual bilateral [lesion](#) located within mid dorsal [medulla oblongata](#) caused by both infiltration and surgical [resection](#) was observed in postoperative [MRI](#). Three years later, the patient remained neurologically stable but the family referred the presence of a chronic [tachycardia](#) as well as [palpitations](#) and [sweating](#) with flushing episodes related to environmental stress. On autonomic evaluation, an increase in sympathetic outflow with tachycardia together with orthostatic hypotension caused by baroreceptor reflex dysfunction was observed. Martín-Gallego et al. postulate that a bilateral injury to both nuclei of the [solitary tract](#) may have caused central dysautonomia ¹⁾

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Martín-Gallego A, Andrade-Andrade I, Dawid-Milner MS, Domínguez-Páez M, Romero-Moreno L, González-García L, Carrasco-Brenes A, Segura-Fernández-Nogueras M, Ros-López B, Arráez-Sánchez MA. Autonomic dysfunction elicited by a medulla oblongata injury after fourth ventricle tumor surgery in a pediatric patient. Auton Neurosci. 2015 Dec 4. pii: S1566-0702(15)30034-5. doi: 10.1016/j.autneu.2015.12.002. [Epub ahead of print] PubMed PMID: 26681574.

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