






Acute Post-Infectious Cerebellar Ataxia (aka. *Post-Infectious Cerebellitis*) is the most common cause of acute cerebellar ataxia in children. It is a **diagnosis of exclusion** that requires a thorough H&P with appropriate choice of investigations.

PRESENTATION	
HISTORY	PHYSICAL EXAM
<ul style="list-style-type: none"> Typically, age < 6 years old Recent illness (1-3 weeks prior) Acute to subacute onset (hours – days) Gait disturbance is often the primary concern Otherwise well Developmentally & neurologically typical 	<p>General</p> <ul style="list-style-type: none"> Alert & interactive Vitally stable <p>Neurologic *most common</p> <ul style="list-style-type: none"> Wide based, staggering gait* Dysmetria* Dysdiadochokinesia* Truncal instability* Dysarthria End-gaze nystagmus Intention tremor Absence of extracerebellar abnormalities

DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Toxic ingestion Infectious <ul style="list-style-type: none"> Meningitis Encephalitis Acute cerebellitis Acute demyelinating encephalomyelitis (ADEM) Structural <ul style="list-style-type: none"> Posterior fossa tumor Trauma Stroke Vertigo Inborn errors of metabolism <p>DDx</p> 

INVESTIGATIONS
<ul style="list-style-type: none"> Toxicology screen Glucose Evaluate for current CNS or systemic infection based on presenting infectious signs & symptoms <ul style="list-style-type: none"> Consider LP if atypical features or concern for CNS infection (may see lymphocytic pleocytosis) MRI should be considered (normal in most but cerebellar hyperintensities may be seen)

FEATURES SUGGESTIVE OF ALTERNATIVE DIAGNOSES
<ul style="list-style-type: none"> Atypical age Lack of clinical improvement Altered level of consciousness Extreme irritability Signs of ↑ intracranial pressure Seizures Fever Meningismus Head trauma Focal or asymmetric neuro findings Insidious onset or prior episodes Developmental delay or regression Lack of prodromal infection 

ETIOLOGY & PATHOPHYSIOLOGY
<ul style="list-style-type: none"> Felt to be due to post-infectious autoimmune mediated inflammation or direct infection of cerebellum Systemic viral infections most common: EBV, Varicella <ul style="list-style-type: none"> Others: COVID-19, HSV, coxsackie, measles, ERV, etc. Occasionally associated with bacteria

MANAGEMENT & OUTCOME
<p>Typically, self-limited and symptoms improve over 2-3 weeks (complete recovery in 3 months)</p> <ul style="list-style-type: none"> Supportive care with close follow up Consider a trial of pulse steroids (3-5 days) +/- IVIG if severe symptoms or lack of improvement Recurrence is rare 