Sensory ataxia-plus secondary to cervical spondylotic myelopathy

Ataxia sensitiva-plus secundária a mielopatia espondilótica

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A 45-year-old male patient presented a 2-week history of progressive gait imbalance. He also presented impaired proprioception, symmetric distal quadriparesis (grade 4/5), gait ataxia with a positive Romberg sign, bilateral upper limb dysmetria, and dysdiadochokinesia. The patient did not present nystagmus and/or dysarthria. A cervical spine magnetic resonance imaging (MRI) scan revealed severe degenerative disk disease and compressive spondylotic myelopathy at C3-C4 and C5-C6

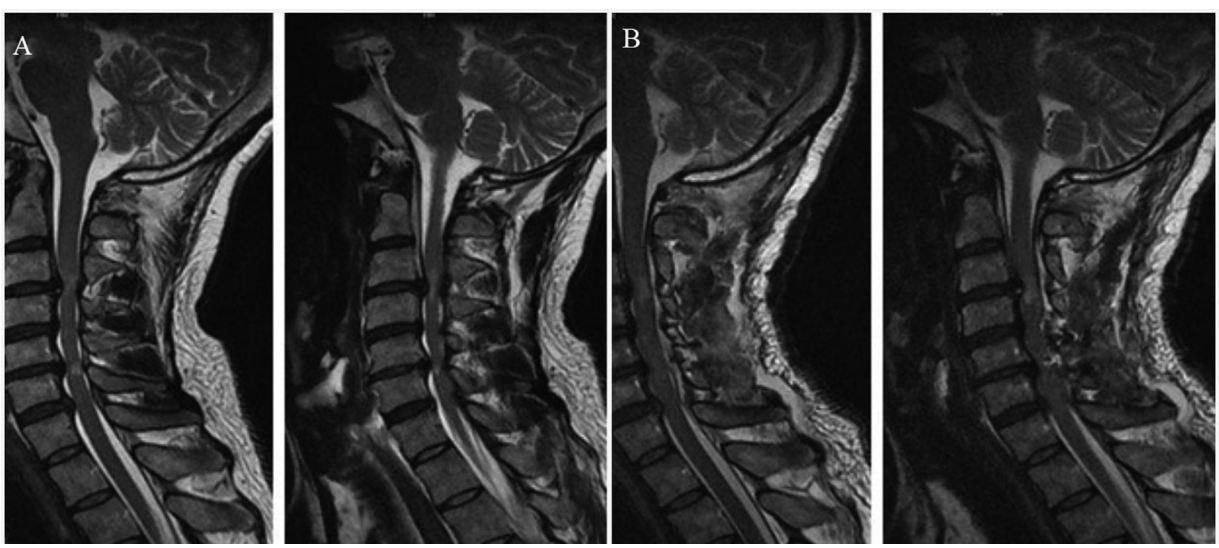

Figure 1 Cervical spinal cord T2-weighted MRI revealing severe degenerative disk disease and compressive spondylotic myelopathy at the levels of C3-C4 and C5-C6 (**A**). Cervical spinal cord T2-weighted MRI showing signs of posterior cervical decompression and cervical laminoplasty involving C3-C7 (**B**).

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(►**Figure 1A**). He was submitted to posterior decompression and laminoplasty involving C3-C7 (►**Figure 1B**), and presented improvement in gait. Mild cerebellar signs in a patient with a positive Romberg sign, without dysarthria and nystagmus, point to a sensory ataxia-plus rather than a cerebellar etiology.[1,2]

Authors' Contributions

NAB, LEBMZ, IAN: conceptualization, data curation, investigation, writing – original draft; LC, HAGT: resources, visualization, writing – review and editing.

Conflict of Interest

The authors have no conflict of interests to declare.

References

1 Chhetri SK, Gow D, Shaunak S, Varma A. Clinical assessment of the sensory ataxias; diagnostic algorithm with illustrative cases. Pract Neurol 2014;14(04):242–251. Doi: 10.1136/practneurol-2013-000764

2 Lin HC, Chen CH, Khor GT, Huang P. Upper limbs dysmetria caused by cervical spinal cord injury: a case report. BMC Neurol 2009; 9:50. Published 2009 Sep 24. Doi:10.1186/1471-2377-9-50

