CEREBELLAR ATAXIA: A CASE REPORT

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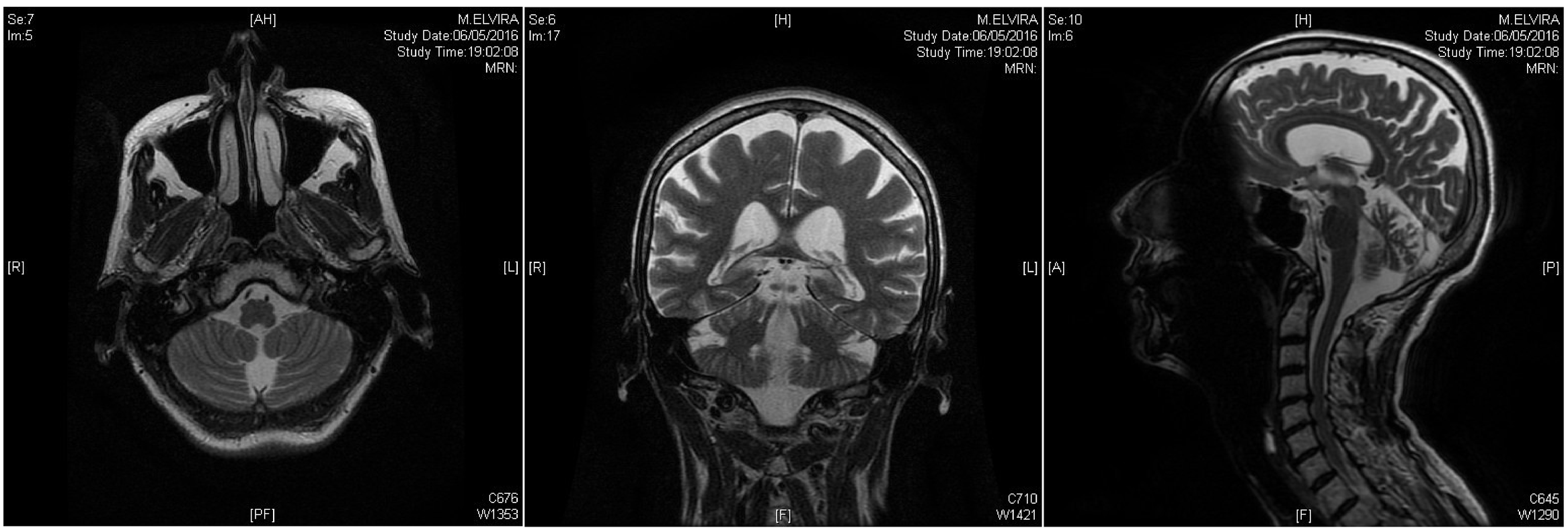
INTRODUCTION

Ataxia is both a neurologic symptom and a sign of incoordination derived from the Greek verb tassein, meaning “to arrange” or “put in order.” Ataxic movements are poorly organized and usually relate to dysfunction of the cerebellum or its numerous connections with other brain regions.

CASE REPORT

We want to present a case of a late-onset cerebellar ataxia. The patient (E.M., 67-year-old, female) came to our attention for a disorder of gait and balance slowly worsening. At the admission to our Hospital neurological examination of the patient showed presence of dysarthria, gait ataxia with impaired tandem gait, bilateral nystagmus. Her blood exams were substantially normal. We submitted the patient to a brain and cervical spine MRI that showed cerebral atrophy especially localized in vermian cerebellum area without any significant alteration. We investigated the patient by determination of blood Antibodies against neuronal antigen (Yo-Hu-Ri-Amfifisina-PNMa2-CV21) and genetic testing for autosomal dominant (SCA1 , SCA2 , SCA3 , SCA6) and recessive cerebellar ataxia (Friedreich's ataxia). No specific drugs were prescribed before receiving the genetic test response.



Brain and cervical spine MRI

CONCLUSIONS

Ataxia is a prominent and typical manifestation of cerebellar dysfunction. Etiological classification distinguishes between hereditary and sporadic forms. Moreover, we can distingue endogenous or exogenous causes (infective, paraneoplastic, toxic, vascular). The hereditary forms usually debut gradually under 50 years of age; the acquired forms instead have an acute – subacute onset. Our patient is particular because her old age is not characteristic of tipical hereditary forms but we not found other causes and her family history is positive for gait disorder; this case shows how important is to make differential diagnosis in cerebellar ataxia.

Bibliography

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