

# Bilateral Lower Extremity Weakness

## UMN Signs

### Brain

Medial/Parasagittal

#### Sudden

- Often w/ cognitive change
- may have bladder incontinence

\*B/I ACA Strokes

#### Subacute/chronic

\*Parasagittal Meningioma

### Spinal Cord

Often with:  
-sensory change

#### Sudden

- \*Vascular
- \*Disc/Vertebral collapse

#### Acute

- \*Epidural abscess
- \*Transverse myelitis

#### Subacute

- \*Spondylosis/Structural
- \*Neoplasm (mets > primary)
- \*B12/Cu deficiency
- \*Tb
- \*Dural AVF

#### Chronic

- \*Spondylosis/Structural
- \*Hereditary (Hereditary Spastic Paraplegia)
- \*XRT induced
- \*Infectious
  - AIDs
  - HTLV1

## LMN Signs

### Roots

(Cauda Equina)

- \*Compressive
- \*Inflammatory
  - Sarcoidosis
- \*Infectious
  - HSV2 (Elsberg syndrome)
  - Tb
- \*Malignancy
  - Lymphoma

### Nerves

#### Acute

\*GBS

- Classic: Ascending (begins in legs)
- Rare: paraparetic variant

### Muscles

- Usually proximal muscles
- Preserved reflexes unless severe myopathy

#### Bowel and bladder symptoms

- Often involved: spinal cord and cauda equina
- May be involved: brain (usually bladder)
- Not involved: nerve and muscle