7/25/23 Neuro Morning Report with @CPSolvers

Scribe: *Reshma* ***Case Presenter****: Maria (@MariaMjaleman)* ***Case Discussants****: Andrea (@) and Dr. Sridhara (@)*

CC: Clumsiness

HPI: 72y old female, 20y long h/o clumsiness and difficulty walking, worsened in the last 10 yrs, initially needed cane now wheelchair, involves the hands and legs, difficulty speaking, showering and dressing up. No sensory abn or difficulty hearing/swallowing.

PMH: Htn, No surgery, degenerative disc disease

Meds: Labetolol, Atorvostatin

Fam Hx: multiple family members requiring wheelchair, nephew currently in a wheelchair. Grandfather clumsy, used a wheelchair

Soc Hx: retired teacher, previously smoked marijuana and stopped 5 years ago

Vitals:
General Exam: Wheelchair, resting towards, left AOx4,
Neurology Exam

- **Mental Status:** speech slow, unusual separation of syllables
- **Cranial Nerves:** equal and reactive to light, no nystagmus, no facial asymmetry, uvula midline
- **Motor:** reduced muscle bulk, ⅗ all groups
- **Reflexes:** 2+ symmetric b/l, hoffman neg
- **Sensory:** decreased light touch and pinprick in lower extremities up to mid-shins, vibration - normal
- **Cerebellar:** Overshooting and missing target, dysdiadochokinesia
- **Other:**

Notable Labs & Imaging:

Imaging:

Previously consulted many docs - couldn't see anything on PE
Only MRI done 15 yrs prior - Mild cerebellar atrophy
Genetic testing done at the current visit - **39 repeats of ATXN7 gene- SCA7**

Problem Representation: a 72 year old wheelchair bound woman presents to the clinic with 20 year long clumsiness involving the hands and legs. She has had difficulty speaking. Family history is notable for multiple family members requiring wheelchairs

Teaching Points (Marino): #EndNeurophobia
-Clumsiness: is it a problem with the muscles, balance or orientation? Ask questions about how the patient describe the episode. Most patients refer to clumsiness as new problems with motor function. Clumsiness ddx: weakness/numbness/sensory ataxia.
-A long history of neurologic deficits suggests degenerative disease. Gait involves almost most of the neurologic system to be intact. All of these can cause gait disturbance: (pain/weakness/ataxia/vestibular/sensory input/brain/visual). Older patients most likely have multifactorial gait disorders, as they are more prone to have alterations in more than one bucket of the factors that maintain gait.
-Weakness in hands and legs + difficulty speaking in an old patient incline us to think about cerebellar disease.
-History of wheelchair bound family members strongly suggests a genetic cause. In addition, possible anticipation phenomena further correlates with that.
-Cerebellar signs: central nystagmus, scanning speech, extremity ataxia (finger to nose and heel to shin test), lack of coordination (dysdiadochokinesia)
-Weakness can be secondary to muscle atrophy, specially in patients with long history of muscle disuse.
-Symmetric degenerative cerebellar ataxia: genetic disease, paraneoplastic, autoimmune, gluten associated ataxia, Vit B12 deficiency, Vit E deficiency, JC virus
-What is expected in imaging in a patient genetic degenerative cerebellar ataxia? Cerebellar atrophy and white matter changes.