

# Sensory ataxia-plus secondary to cervical spondylotic myelopathy

## *Ataxia sensitiva-plus secundária a mielopatia espondilótica*

Nagyla Aparecida Barros<sup>1</sup> Luis Eduardo Borges de Macedo Zubko<sup>2</sup> Igor Abrahim Nascimento<sup>2</sup>  
Léo Coutinho<sup>2,3</sup> Hélio Afonso Ghizoni Teive<sup>2,3</sup>

<sup>1</sup> Universidade Federal do Paraná, Hospital de Clínicas, Serviço de Neurocirurgia, Curitiba PR, Brazil.

<sup>2</sup> Universidade Federal do Paraná, Hospital de Clínicas, Serviço de Neurologia, Unidade de Distúrbios de Movimento, Curitiba PR, Brazil.

<sup>3</sup> Universidade Federal do Paraná, Hospital das Clínicas, Departamento de Clínica Médica, Programa de Pós-Graduação em Medicina Interna e Ciências da Saúde, Curitiba PR, Brazil.

Address for correspondence Léo Coutinho  
(email: leocoutinho23@hotmail.com).

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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.<sup>1,2</sup>

#### 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.

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