

BASILAR IMPRESSION ASSOCIATED WITH IMPACTED CISTERNA MAGNA, SPASTIC PARAPARESIS AND DISTRESS OF BALANCE

To the Editor - It was with great interest that I read the article (Case Report) "Basilar impression associated with impacted cisterna magna, spastic paraparesis and distress of balance" by Gonçalves da Silva et al.¹. The authors have extensive experience of the neurosurgical treatment of occipitovertebral malformations, with various important papers published both in Brazil and internationally. These include a description of the surgical technique for osteodural-neural decompression of the posterior fossa (Gonçalves da Silva technique)^{2,3}.

In the case report, the authors describe a patient with vertigo, brevicollis, nuchal rigidity, distress of balance, spastic paraparesis, marked hyperactive patellar and Achilles reflexes, and diminished pallesthesia of the lower limbs¹. In my opinion, it would be helpful if the authors were to define the term distress of balance better, as this would allow a better correlation between the semiological findings and the structural changes in the occipitocervical region as a result of basilar impression associated with impacted cisterna magna. Two questions are thus pertinent: 1) Could the term distress of balance have been used because of the presence of a syndrome of cerebellar ataxia (dystasia, dysbasia, with an ataxic gait evaluated by means of the *tandem gait* test) associated with the presence of vertigo resulting from impaired vestibular pathways/vestibular nuclei in the cerebellum? 2) Could a syndrome of sensory ataxia (with the presence of Romberg's sign and impaired proprioceptive sensations) have been present, in an associated form or not, in the case in question?

REFERENCES

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In the article "basilar impression associated with impacted cisterna magna, spastic paraparesis and distress of balance, this last term was used to characterize the presence of a mild ataxia of the cerebellar vermis type. This ataxia could have been determined by the compression of the lobulus flocculonodularis of the cerebellum, as proposed by Canelas et al.¹. Otherwise presented the patient vertigo, probably resulting from impaired vestibular pathways.

REFERENCES

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