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 palpestralhesia 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 (dysastasia, 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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Author’s Response – We thank Professor Teive for the careful reading of our paper and his very important comments and analysis.

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, probe by resulting from impaired vestibular pathways.

REFERENCES