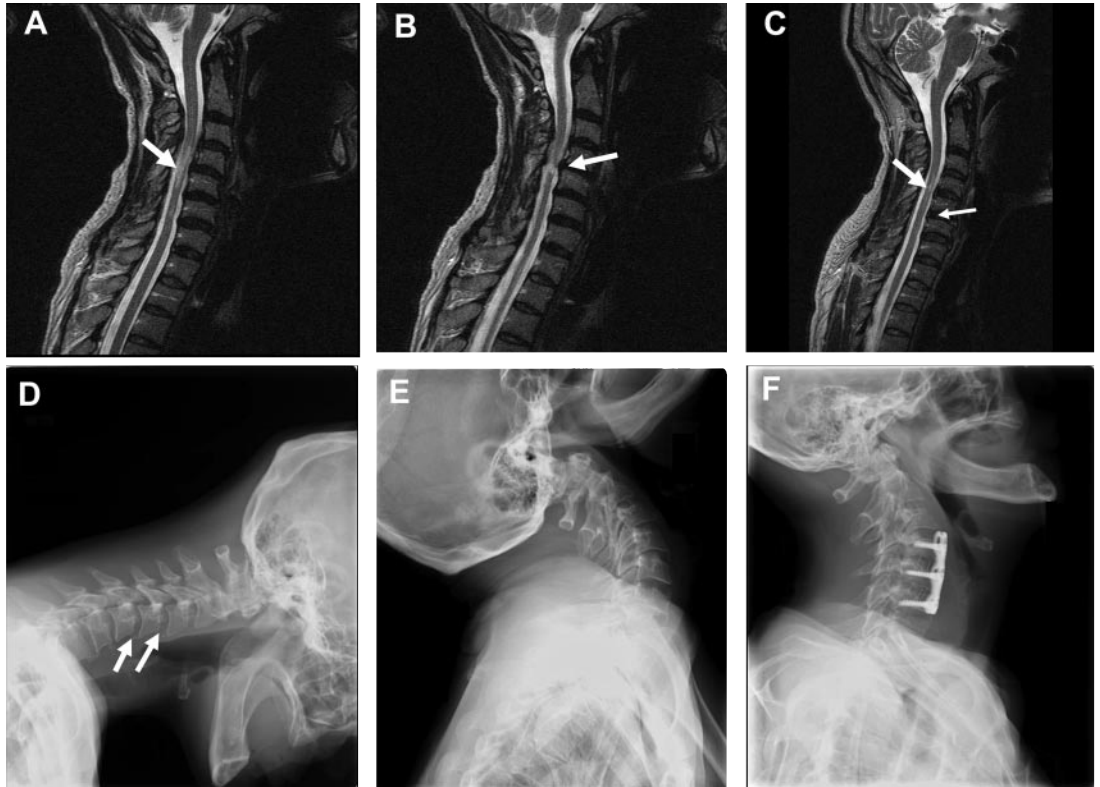


# New spasticity from cervical spine pathology in a patient with athetoid cerebral palsy

**Figure** C-spine T2 MRI, flexion C-spine radiograph, and postoperative radiograph



C-spine T2 MRI reveals cord edema (A) and a herniated disc at C4/C5 (B), which are more pronounced in comparison to a study from 3 years earlier (C). Flexion C-spine radiograph demonstrates anterolisthesis at C3/C4 and C4/C5 (D), which disappears in extension (E). Postoperative radiograph demonstrates anatomic alignment (F).

A 47-year-old woman with athetoid cerebral palsy (ACP) experienced isolated right-sided spasticity. Imaging revealed cord edema, a herniated disc, and anterolisthesis (figure, A, B, D). The patient underwent discectomy with spinal fusion (figure, F), and reported improved activities of daily living.

Cervical spine pathology is a well-known complication of ACP caused by repetitive head movements which accelerate degenerative joint disease (DJD), but is often overlooked. It may occur in any movement disorder with repetitive head movements. It includes disc degeneration, predominantly at C5/C6 (a common site in DJD), and listhetic instability.<sup>1,2</sup> Suspicion for this pathology in patients with ACP may prevent permanent neurologic deficits.

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*Disclosure:* The authors report no conflicts of interest.

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*Neurology* 2008;70;1647

DOI 10.1212/01.wnl.0000310990.25418.fd

**This information is current as of April 28, 2008**

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