

# Teaching Video NeuroImage: Peculiar Hobby Horse Gait in Huntington Disease–like 2

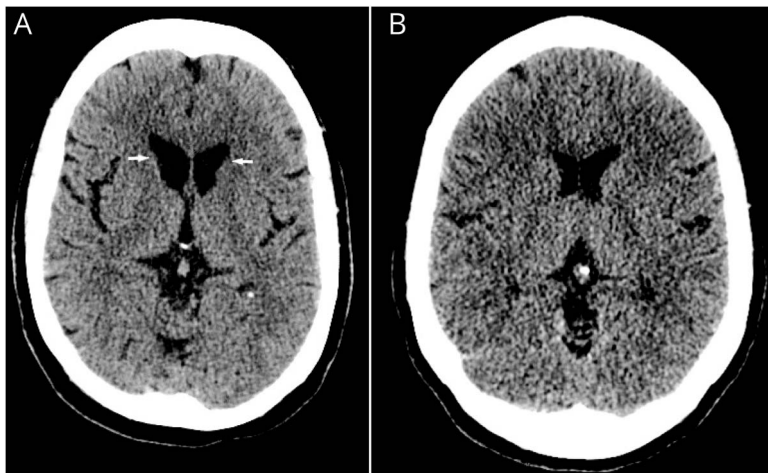
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**Figure 1** Brain CT



Brain CT showed mild bilateral caudate atrophy and anterior horn dilation of lateral ventricles (A, arrows) compared with an age-matched normal control (B).

A 59-year-old woman presented at age 48 years with abnormal hand movements, which became generalized 1 year later, along with a clumsy gait. Two years later, severe apathy and minor auditory hallucinations ensued. Her father died undiagnosed with involuntary movements at age 82 years, and 2 of her 6 sisters have also had a similar clinical picture. Neurologic examination revealed generalized chorea and an unusual dystonic gait pattern remarkably similar to the hobby horse gait, described in DYT-TUBB4A (DYT-4), which is characterized by a toe walking stiff-legged and skipping gait<sup>1</sup> (Video 1). Walking backward improved the gait. Diagnostic workup revealed acanthocytes and mild caudate atrophy (Figure 1). A pathogenic 46 CTG/CAG repeat expansion on the *JPH3* gene allowed the diagnosis of Huntington disease–like 2, an autosomal dominant Huntington disease phenocopy characterized by chorea, dystonia, and parkinsonism.<sup>2</sup> This case expands underlying conditions recognized to cause the HHG (please see the Supplement, [links.lww.com/WNL/B931](https://links.lww.com/WNL/B931)).

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 Video

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[links.lww.com/WNL/B930](https://links.lww.com/WNL/B930)

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### Appendix Authors

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<b>Thiago Gonçalves Guimarães, MD</b>	Universidade de São Paulo, São Paulo, SP, BR	Conception and design; acquisition, analysis, and interpretation of data; literature review; drafting of the manuscript and critical revision; supervision; and final approval
<b>Jacy Bezerra Parmera, MD, PhD</b>	Universidade de São Paulo, São Paulo, SP, BR	Conception and design; acquisition, analysis, and interpretation of data; literature review; drafting of the manuscript and critical revision; supervision; and final approval

### Appendix (continued)

Name	Location	Contribution
<b>Egberto Reis Barbosa, MD, PhD</b>	Universidade de São Paulo, São Paulo, SP, BR	Critical revision; supervision; and final approval
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