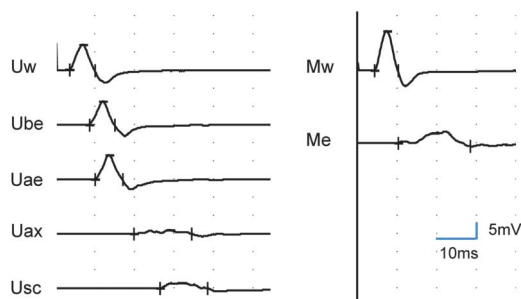


MADSAM neuropathy

An unusual cause of pseudoathetosis

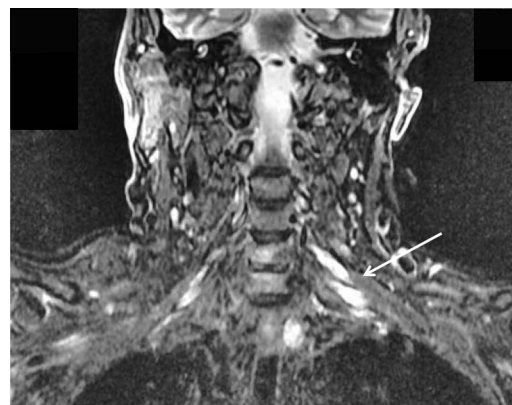


Figure 1 Ulnar and median motor nerve conduction



Median and ulnar motor conduction block to supramaximal elbow and axilla stimulation, respectively. ae = above elbow; ax = axilla; be = below elbow; e = elbow; M = median; sc = supraclavicular; U = ulnar; w = wrist.

Figure 2 Coronal T2-weighted MRI of the roots/brachial plexus



The arrow shows the enlarged left-sided nerve roots and trunks of the brachial plexus. Similar hypertrophy is seen on the right to a lesser extent.

A 68-year-old man complained of several years of an uncoordinated, weak left arm. Clinical examination revealed pseudoathetosis and mild global weakness of the left arm, stocking pattern vibration and pinprick insensitivity, and only mild proprioceptive impairment of the left hand (video on the *Neurology*[®] Web site at Neurology.org). Nerve conduction study showed generalized absent or severely attenuated sensory potentials and multiple upper limb motor conduction blocks (figure 1). MRI demonstrated asymmetrically enlarged left nerve roots and trunks of the brachial plexus (figure 2). Chronic inflammatory demyelinating polyradiculoneuropathy can cause tremor,¹ but multifocal acquired demyelinating sensory and motor neuropathy,² an asymmetric form, has not been reported to cause pseudoathetosis.

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**Supplemental data
at Neurology.org**

1. Saifee TA, Schwingsenschuh P, Reilly MM, et al. Tremor in inflammatory neuropathies. *J Neurol Neurosurg Psychiatry* 2013;84:1282–1287.
2. Saperstein DS, Amato AA, Wolfe GI, et al. Multifocal acquired demyelinating sensory and motor neuropathy: the Lewis-Sumner syndrome. *Muscle Nerve* 1999;22:560–566.

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