STEROID RESPONSIVE CAMPTOCORMIA IN A PATIENT WITH PD SHOWING FOCAL MYOPATHIC ABNORMALITY OF THE PARASPINAL MUSCLES

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Background and significance: Camptocormia can occur in Parkinson's disease or other parkinsonian syndromes. The reports about camptocormia in PD and steroid therapy are rare. We report a patient with PD and camptocormia who showed responsiveness to steroid therapy.

Case: A 53-year-old woman had suffered from Parkinson's disease for ten years. The initial symptoms were left-sided resting tremor, bradykinesia and masked face. After 3 years of the onset of her symptoms, she first noticed pain of the back area and developed a truncal flexion. She was treated with levodopa, dopamine agonists, and anticholinergics. Her Parkinsonian symptoms improved, but her camptocormia continued to worsen. She was admitted to the hospital to evaluate the truncal flexion. On admission, the neurological examination revealed bilateral resting tremor, bradykinesia, rigidity, masked face, postural instability, freezing of gait, and stooped posture. The truncal forward flexion was more prominent when standing and walking with complete straightening of the back in supine position, or when she leans against the wall. Muscle biopsy was taken from the T11 paraspinal muscle, which showed no pathologic findings. She was treated with methylprednisolone 500mg intravenous for 3 days, and discharged with oral steroid 60mg per day. Two weeks after discharge, her back pain and camptocormia was improved.

Conclusions and comments: In some selected patients who showed abnormal imaging and EMG findings in paraspinal muscles, we suggest to try steroid therapy with caution.