Teaching NeuroImages: Pisa syndrome in Parkinson disease
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A 68-year-old man with Parkinson disease of 5 years’ duration treated with levodopa/carbidopa and ropinirole developed progressive lateral postural flexion of the trunk in the last 6 months, despite adequate control of symptoms. A spinogram showed curvature of more than 10°. The patient was diagnosed elsewhere with scoliosis. On examination in supine position, abnormal trunk posture disappeared almost entirely, ruling out fixed bony deformity. Supine X-ray confirmed significant improvement (figure). In this context, Pisa syndrome may correspond to axial dystonia. Scoliosis and Pisa syndrome are not synonymous, as the latter is typically reducible by passive mobilization or when lying down.

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