

Teaching Neuro Images: Pisa syndrome in Parkinson disease

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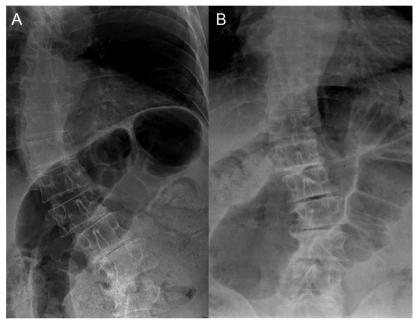


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Teaching Neuro *Images*: Pisa syndrome in Parkinson disease

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Correspondence to Dr. Merello: mmerello@fleni.org.ar Figure Spinogram and supine X-ray



(A) Spinogram while standing shows curvature of over 10°. (B) Supine X-ray confirms significant improvement; however, supine films are still abnormal.

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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DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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