

# Sensory ataxia-plus secondary to cervical spondylotic myelopathy

## *Ataxia sensitiva-plus secundária a mielopatia espondilótica*

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A 45-year-old male patient presented a 2-week history of progressive gait imbalance. He also presented impaired proprioception, symmetric distal quadriparesis (grade 4/5), gait ataxia with a positive Romberg sign, bilateral upper limb dysmetria,

and dysdiadochokinesia. The patient did not present nystagmus and/or dysarthria. A cervical spine magnetic resonance imaging (MRI) scan revealed severe degenerative disk disease and compressive spondylotic myelopathy at C3-C4 and C5-C6



**Figure 1** Cervical spinal cord T2-weighted MRI revealing severe degenerative disk disease and compressive spondylotic myelopathy at the levels of C3-C4 and C5-C6 (A). Cervical spinal cord T2-weighted MRI showing signs of posterior cervical decompression and cervical laminoplasty involving C3-C7 (B).

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(► **Figure 1A**). He was submitted to posterior decompression and laminoplasty involving C3-C7 (► **Figure 1B**), and presented improvement in gait. Mild cerebellar signs in a patient with a positive Romberg sign, without dysarthria and nystagmus, point to a sensory ataxia-plus rather than a cerebellar etiology.<sup>1,2</sup>

#### Authors' Contributions

NAB, LEBMZ, IAN: conceptualization, data curation, investigation, writing – original draft; LC, HAGT: resources, visualization, writing – review and editing.

#### Conflict of Interest

The authors have no conflict of interests to declare.

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