PARKINSON´S SYNDROME

70% Parkinson´s d.

30% Other disease

RED FLAGS

- - MEDICATION (NEUROLEPTIC!!)
- - positive familial history
- - early falls, postural instability
- - rapid progression
- - nondoparesponsibility
- - early autonomic disturbance
- - oculomotor disturbance
- - serious pseudobulbar syndrome
- - early dementia
- - separate leg disability
- - pyramidal or cerebellar syndrome

DIFFERENTIAL DIAGNOSIS IPN

- A/ other NEURODEGENERATIV Disorders
- (PARKINSON PLUS d.)
- - rare,nondoparesponsibility, rapid progression, serious prognossis

1. Synukleinopathy (MSA, DLBD)- intracytoplasmatic inclusion alfa-synuklein

- 2. Tauopathy (PSP, CBD) – intracytoplasmatic inclusion tau-protein
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- B/ Other NEUROLOGIC Disorders
- HD Westphal variant - familial
- (Wilson´s disease)

- C/ SECUNDARY parkinson syndrome
- Side effects of drug, vascular, NTH

DRUG INDUCED

FARMAKOLOGIC ANAMNESIS

- TYPICAL NEUROLEPTIC !!
- Haloperidol,Chlorpromazin,Chlorprotixen,Tisercin
- TREATMENT: Akineton

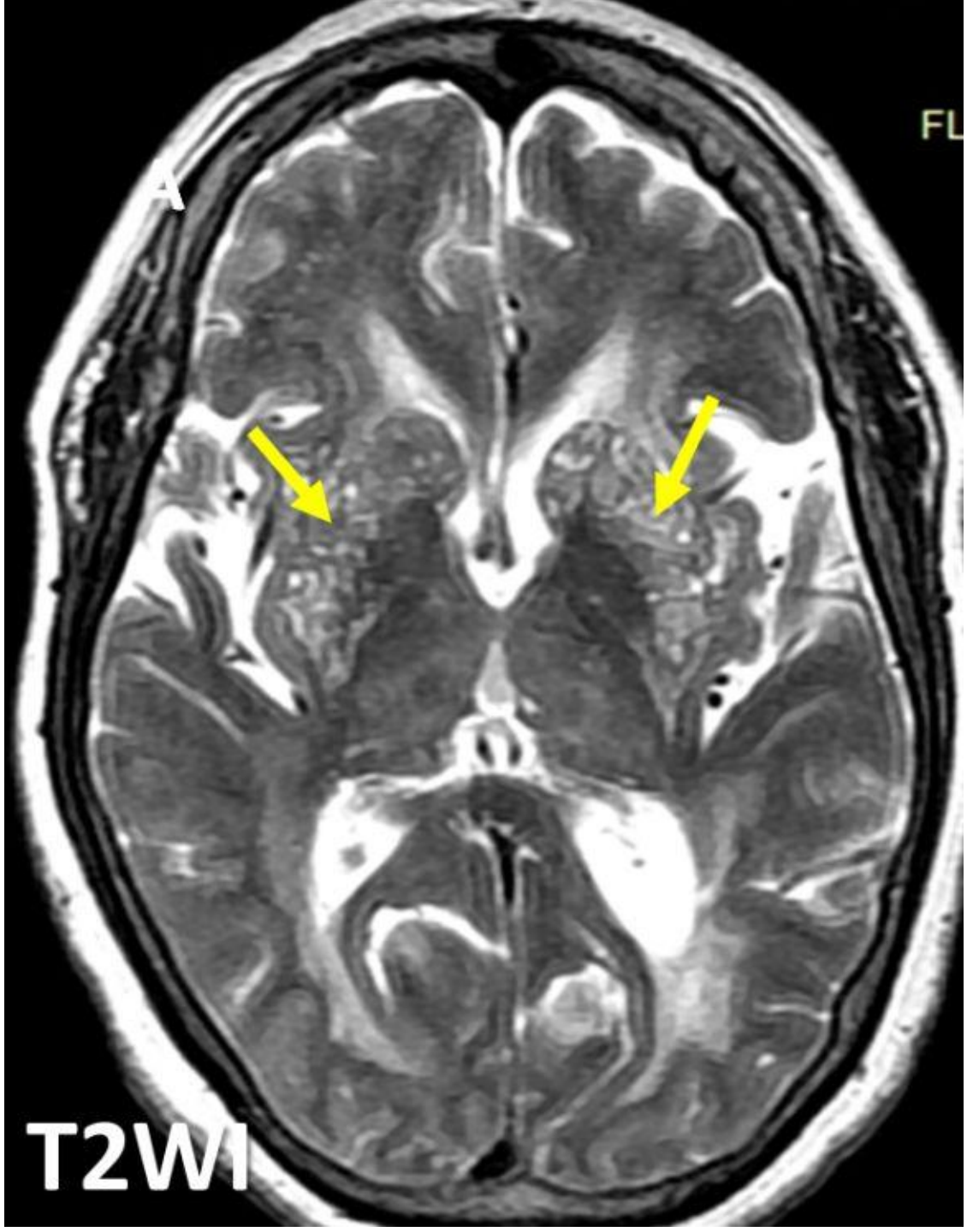
- ANTIEMETIC,PROKINETIC
- Cerucal, Degan, Torecan

- ANTIHISTAMINIC
- Prothazin

- BLOCK of Calcium channels
- cinarizin, flunarizin

VASCULAR

- OFTEN
- MRI finding: multiinfarct changes - status lacunaris
- - development gradually or as a stroke
- - Pa sy UNILATERAL during the first year after stroke after stadium of hemiparesis
- - Pa sy BILATERAL (frontal only gait disturbance
- LOWER BODY parkinsonismus
- other signs: pseudobulbar palsy, dementia,incontinency
- - rapid progression
- - TREATMENT : low effect of amantadin
- NO! L-Dopa because of postsynaptic DA receptors lesion


A
FL
T2WI

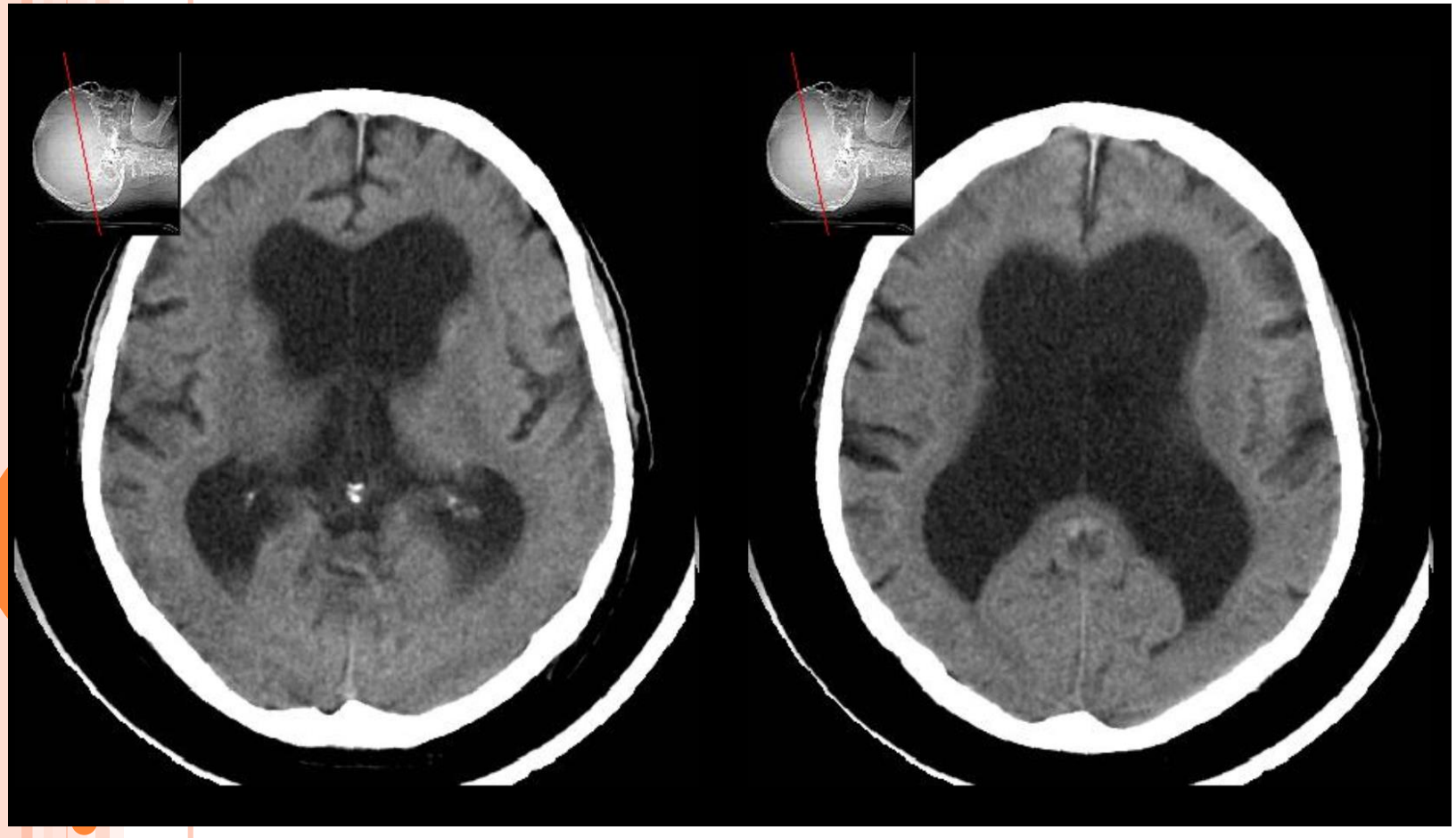
Normopressure Hydrocephalus

- Disproportion : production X absorption of CSF
  (liquor pressure is not increased)
  Old aged mostly men

- Hakimo clinical features :dementia
- urinal incontinency
- gait apraxia
- (bradykinezia,wide base)

- MRI comunicated hydrocephalus

- TREATMENT- lumbal punction (- 50ml CSF)….
- gait improvement ….. V-P shunt



MSA
Multiple system atrophy

- STN ….. first s. parkinson sy — MSA type P
- OPCA….first s. cerebellar sy — MSA type C
- Shy-Drager sy….autonomic sy — MSA type A
- (ortostatic hypotension, incontinency)

The possibility : combination or isolated

- Initial stadium: 50% autonomic sy
- 45% parkinson sy
- (5% cerebellar sy)
- SYNUKLEINOPATHY

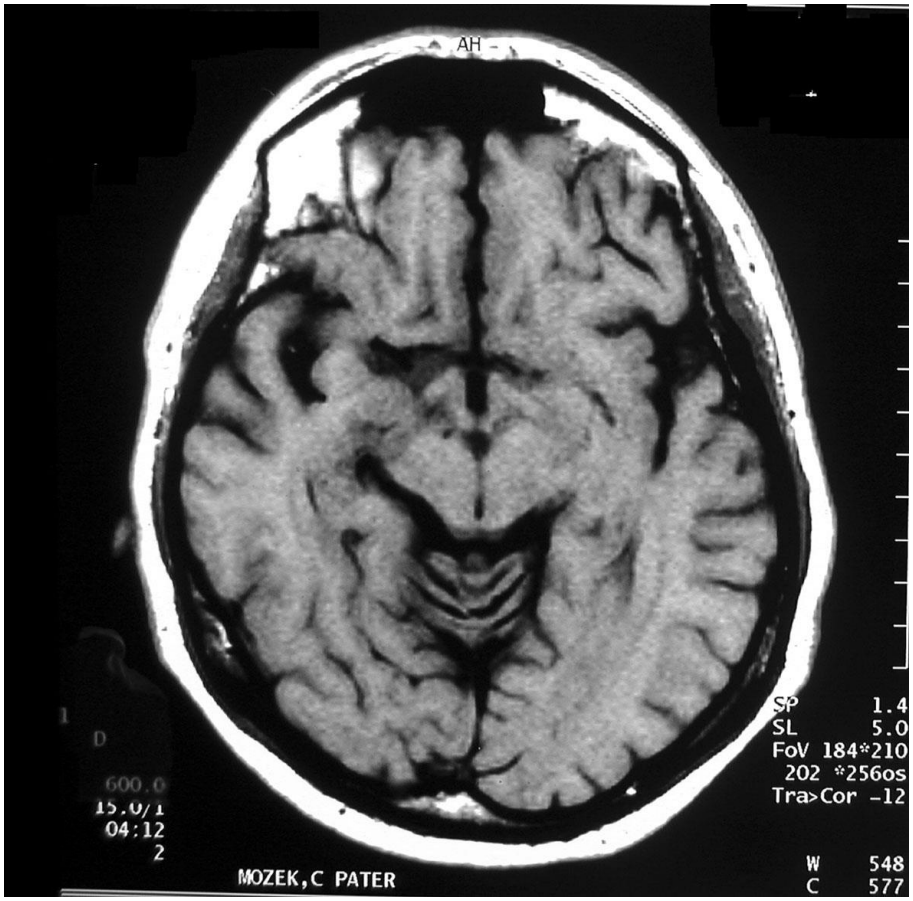
- - prevalence 5-15/100 000, 8%
- cerebellar + brainstem SN,striatum,palidum,
- ONUF´s ncl (segment S2-S4)

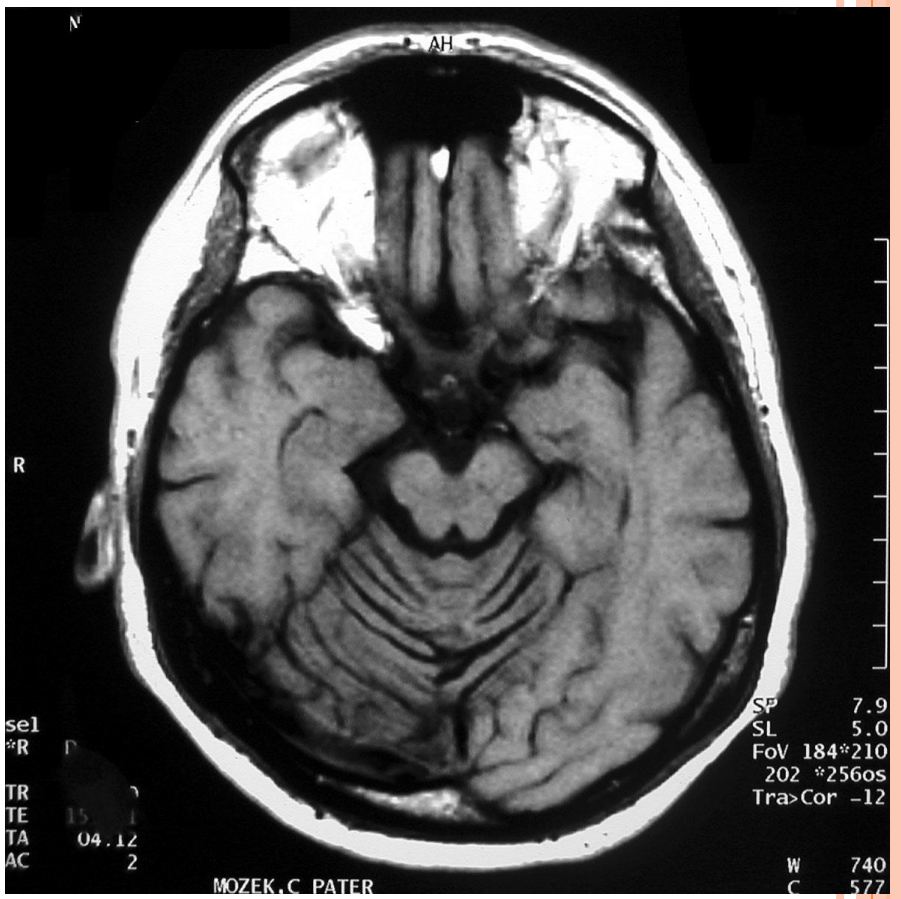
- - doparesponsibility in the early stadium 29%...differentiation from PD difficult

- Clinical Feautures: dystonia, pseudobulbar palsy, inspiration stridor, polyneuropathy
- - no dementia!

EXAMINATION

- Brain MRI – cerebellar + brainstem atrophy





- - EMG anal external sphincter – denervation of Onuf´s ncl.
- - EMG for diagnostic Polyneuropathy

- - test of Vegetative system (EKG variability R-R interval)
- - Orthostatic test (BP while lying down and 1 min after
- posture .....differences 30/15)

PSP
PROGRESSIVE SUPRANUCLEAR PALSY

- - prevalence 7/100 000, 7-12%
- - midle and old age

- - Atrophy mesencephalon + pons tegmentum + F polar part of cortex

- TAUOPATHY

CLINICAL FEATURES

- - pa sy with dominant axial rigidity without tremor
- - extended trunk
- - early falls due to postural instability
- - vertical gaze palsy, hypometric saccades
- - apraxia eye lids, retraction of upper eye lids (surprised look)
- - subcortical dementia (F lobe)
- - pseudobulbar palsy
- - dystonia (focal cervical)
- - inspiratory stridor
- - nondoparesponsibility

EXAMINATION

- - Hearing EP …..central lesion
- - Brain MRI… mesencephalon atrophy
- enlarged III. ventricule
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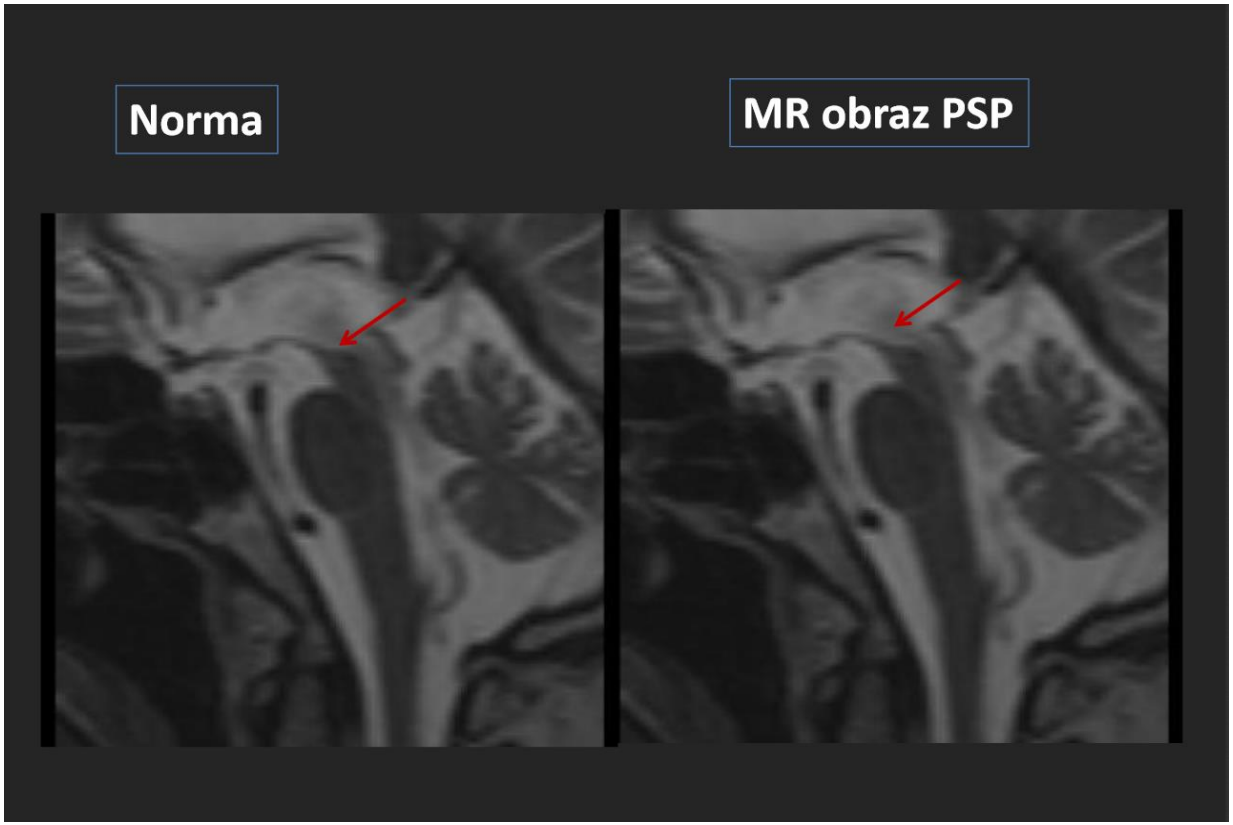

Norma
MR obraz PSP

DLBD

Diffuse lewy body disease

CBD

CORTICOBASAL DEGENERATION

- - prevalence 0,5%
- - age over 70 years

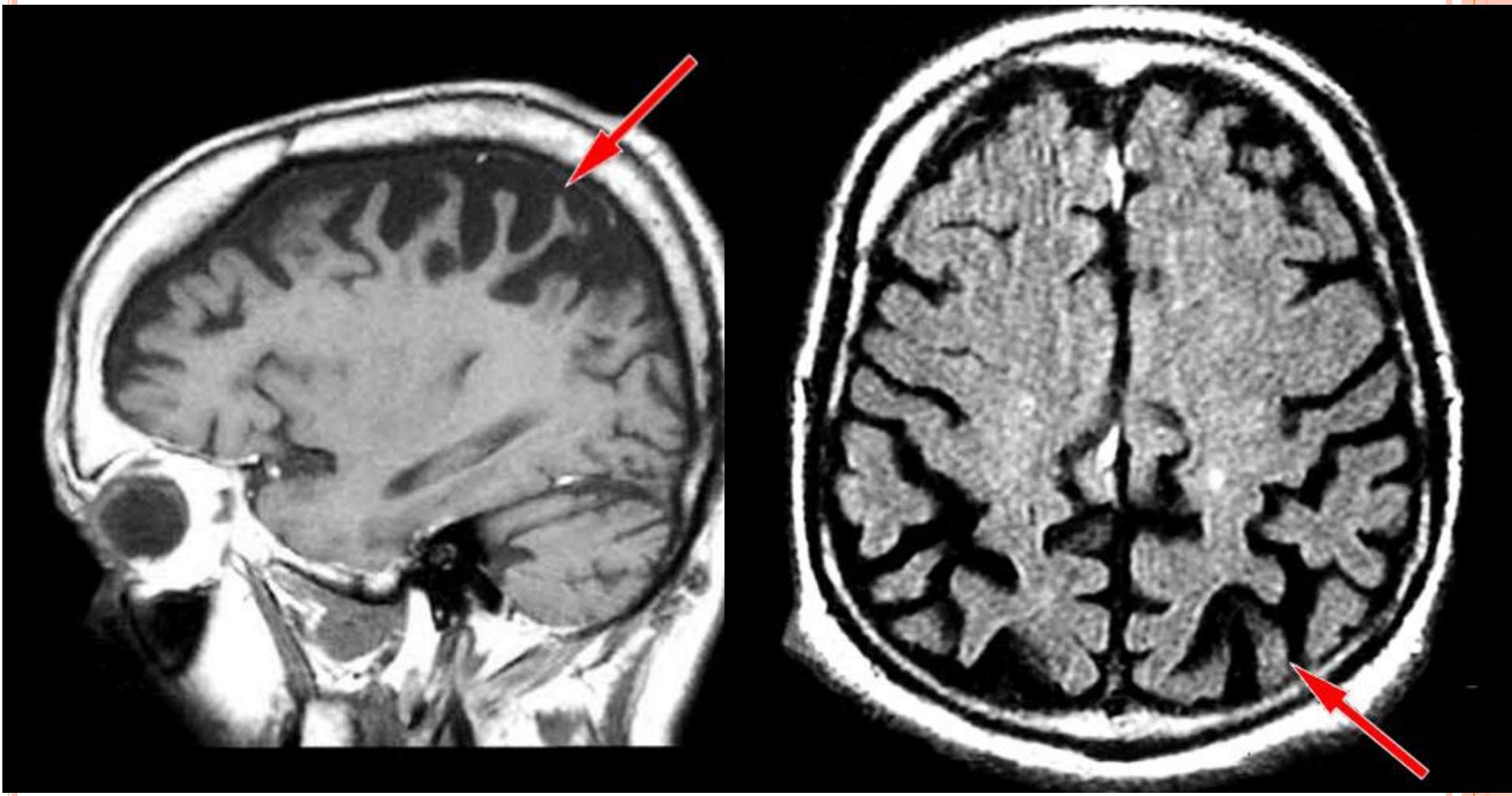
- - unilateral cortical atrophy F+P
- - atrophy SN
-
- TAUOPATHY

CLINICAL FEATURES

- - contralateral hemiparkinsonism
- - cortical (limb apraxia..alien hand syndrome, hemihypestesia, symbolic function disturbance)
- - dementia
- - cortical myoklonus
- - dystonia
- - pyramidal syndrome

EXAMINATION

- Brain MRI - asymetric cortical atrophy P + F
- Brain PET - (hypometabolism F-P cortex)



WESTPHAL VARIANT HUNTINGTON D.

- - Autosomal Dominant
- - 5% patient of HD
- - young age (manifestation before 20 years)
- - the first symptom parkinsonism (rigidity + hypokinezia)
- - later chorea + dementia
- - rapid progression
- - genetic test

ADVANTAGE OF DAT SCAN IN PARKINSON SYNDROME

- PD asymetric re-uptake in striatum
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- MSA,PSP symetric re-uptake in striatum + postsynaptic disturbance

DLBD asymetric re-uptake in striatum

VASCULAR	pa sy	normal
DRUG INDUCED	pa sy	normal