Clinical Reminder

Pisa syndrome in an elderly elite mountain walker: an exceptional mode of presentation of extrapyramidal disease

A 68-year-old fell walker, at the end of a 20 miles walk taking 12 h, noticed the progressive onset over several minutes of an irresistible lean to the left forcing him to rest before carrying on to his destination (Figure 1).

The symptoms worsened and were provoked by shorter distances over the next 6 months.

He had no other serious illnesses other than well-controlled hypertension. He displayed bilateral cogwheel hypertonia, reduced arm swing and impaired balance on the left. A CT head scan showed evidence of the widespread small vessel disease. A Dat-SPECT scan was normal.

The working diagnosis was exercise-induced pleurothotonus, Pisa syndrome in a man with extrapyramidal disease of possible vascular origin.

Pisa syndrome first described in 1972 after the famous tower is usually a consequence of neuroleptic or dopaminergic drugs and may be reversible [1–3]. Non-drug-induced Pisa syndrome is usually found in neurodegenerative disorders [1]. The pathophysiology remains unknown.

Conflicts of interest
None declared.

SANGEETA DESHMUKH*, KHALED AMAR, STEVEN C. ALLEN
The Department of Medicine and Geriatrics, The Royal Bournemouth Hospital, Dorset, UK
Email: ksangeeta22@hotmail.com
*To whom correspondence should be addressed


doi: 10.1093/ageing/afn200