

Secondary parkinsonism

- Management of Anxiety in Parkinson's Disease
- Modified frailty index-11 (mFI-11) measured frailty as a predictor of postoperative outcomes in Parkinson's disease patients undergoing deep brain stimulation: A national inpatient sample analysis
- Effects of tele-rehabilitation after deep brain stimulation on cardiopulmonary fitness and gait in patients with Parkinson's disease
- Cyanoacrylate Adhesive With Titanium Plate Fixation for Deep Brain Stimulation Leads: A Case Series and Technical Note
- Parkinson's Disease, Speech and Neurosurgery
- The role of artificial intelligence in diagnostic neurosurgery: a systematic review
- Phase I/II trial of iPS-cell-derived dopaminergic cells for Parkinson's disease
- Phase I trial of hES cell-derived dopaminergic neurons for Parkinson's disease

Secondary parkinsonism is when symptoms similar to [Parkinson's disease](#) are caused by certain medicines, a different nervous system disorder, or another illness.

Parkinsonism refers to any condition that involves the types of movement problems seen in [Parkinson's disease](#). These problems include [tremors](#), slow movement, and stiffness of the arms and legs.

The differential diagnosis of [Parkinson's disease](#) includes the following etiologies of secondary parkinsonism or Parkinson-like conditions (sometimes of these are occasionally referred to as "Parkinson plus" syndromes or parkinsonian disorders).

A case report describes a 67-year-old woman who had received adoptive [immunotherapy](#) with chimeric antigen receptor T cells for [multiple myeloma](#) and was experiencing [parkinsonism-like](#) symptoms ¹⁾.

General information

The differential diagnosis of [Parkinson's disease](#) includes the following etiologies of secondary parkinsonism or Parkinson-like conditions (these are sometimes referred to as "Parkinson plus" syndromes or parkinsonian disorders):

1. olivopontocerebellar degeneration (OPC)
2. striato-nigral degeneration (SND): more aggressive than parkinsonism
3. [postencephalitic parkinsonism](#).
4. [progressive supranuclear palsy](#) (PSNP): impaired vertical gaze
5. multiple system atrophy (Shy-Drager syndrome)
6. drug induced: includes:

a) prescription drugs(elderly females seem more susceptible)

- antipsychotics (AKA neuroleptics): haloperidol (Haldol®) which works by blocking postsynaptic dopamine receptors
- phenothiazine antiemetics: prochlorperazine (Compazine®)
- metoclopramide (Reglan®)
- reserpine

MPTP

7. toxic: poisoning with

a) carbon monoxide: symmetric low densities in the globus pallidus on CT

b) manganese:may be seen in miners, welders, and pyrotechnics workers.Manganese is excreted by the liver, ∴ people with hepatic insufficiency are more susceptible. Imaging: symmetrical high signal abnormalities on T1WI primarily in the globus pallidus with essentially no findings on T2WI or GRASS (almost pathognomonic)

8. ischemic (lacunes in basal ganglia): produces so-called arteriosclerotic parkinsonism AKA vascular parkinsonism: “lower-half” parkinsonism (gait disturbance predominates ²⁾). It also causes pseudobulbar deficits, emotional lability. Tremor is rare

9. posttraumatic: parkinsonian symptoms may occur in chronic traumatic encephalopathy, see dementia pugilistica (p. 962). There are usually other features not normally present in IPA (e.g. cerebellar findings) 10. normal pressure hydrocephalus(NPH):urinary incontinence...

11. neoplasm in the region of the substantia nigra

12. Riley-Day(familial dysautonomia).

Tremor in meningioma

Tremor in meningioma.

¹⁾

Gudera JA, Baehring JM, Karschnia P. Parkinsonism Following Chimeric Antigen Receptor T Cell Therapy. JAMA Neurol. 2024 Aug 12. doi: 10.1001/jamaneurol.2024.2506. Epub ahead of print. PMID: 39133506.

²⁾

Lang AE, Lozano AM. Parkinson's Disease. First of Two Parts. N Engl J Med. 1998; 339:1044-1053

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