



Balint's Syndrome Secondary to Cortico-Basal Degeneration

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Keywords

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Clinical Image

A 70-year-old man with Cortico-Basal Degeneration (CBD) diagnosed 7 years ago presented to the neurology clinic complaining of 2 year worsening visual agnosia. Physical exam showed severe cognitive impairment (MMSE of 7/30), severe motor apraxia on rapid alternating movements, rigidity in both arms, and body bradykinesia. He walked slowly with small, shuffling steps. Neuro-ophthalmology exam revealed the classic triad of Balint's syndrome including simultanagnosia (inability of to perceive more than one object at a time), oculomotor apraxia (impaired visual scanning and difficulty in fixating the eyes despite normal eye movement), and optic ataxia (inability to move the hand to a specific object by using vision) [1,2]. PET scan showed hypometabolism in both parietal lobes which is commonly seen in CBD and brain MRI revealed atrophy in the parieto-occipital junction (Figure 1). On the basis of these findings, patient was diagnosed with Balint's syndrome as the result of the progressive of CBD.

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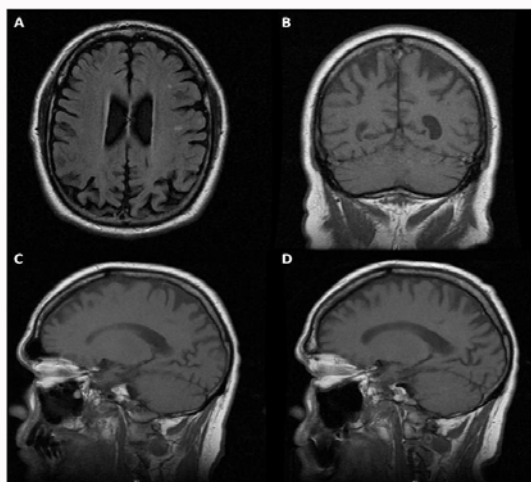


Figure 1: MRI shows atrophy in the parieto-occipital junction bilaterally: (A) Axial T2 FLAIR. (B) Coronal T1 FSE. (C) Sagittal T1 FSE (Left hemisphere). (D) Sagittal T1 FSE (Right hemisphere).

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