



Corticobasal Syndrome [Cbs]:- A Case Report:-

M.Manasa^{1*}, P.Twila Pushpa¹

M.Manasa^{1*}, Pharm-D IV year, KIMS Hospital, Bharat Institute of Technology, Mangalpally, Ibrahimpatnam, Hyderabad, Ranga Reddy dist, Telangana, India, 501510.

Twila Pushpa¹, M.Pharmacy, Pharmacy Practice, Assistant Professor, Bharat Institute Of Technology, Mangalpally, Ibrahimpatnam, Hyderabad, Ranga Reddy dist., Telangana, INDIA, 501510

ABSTRACT: -

Corticobasal syndrome [CBS] is a rare progressive atypical parkinsonism syndrome related to frontotemporal dementia. CBS is typically caused by the deposit of the tau proteins forming in different areas of the brain. corticobasal degeneration pathology was associated with four broad clinical phenotypes. prevalence of CBS was found to be 4.9-7.3 cases per 1,00,000 population. Most common causes of CBS degeneration was atypical Alzheimer's disease and other rare causes include Pick's disease and progressive supranuclear palsy. Diagnostic tests CT and MRI scanning was done based on signs and symptoms. complications of CBS includes the pneumonia, sepsis, Blood clot in the lungs and also leads to death in critical cases. A 68 years old male patient was admitted in Neurology Department in KIMS SECUNDRABAD With chief complaints of fever since from 20 days, difficulty to walk since from 20 days, H/O slowness of movements. NO H/O fall. H/O memory since from one week. H/O headache on and off. NO H/O seizures. He was known with the past history of HTN. Patient had parkinsonism with left upper limb dystonia and apaxia. levodopa challenge test was done. UPDRS score during off period is 63 and on period is 49 for motor examination. In view of good response TAB. syndopa was added. Patient limb and facial expression was improved. antibiotics were adjusted according to the sensitivity pattern. Diet modified with extra salt. There is no proper therapy that helps in progression or permanent removal of an corticobasal degeneration. Only drugs and antibiotics are prescribed to manage symptoms and to prolong the life of the patient. Patient improved clinically and is being discharged in stable condition.

Key words: Corticobasal syndrome, Alzheimer's disease, Parkinsonism, HTN, Antibiotics

INTRODUCTION: -

Corticobasal syndrome is a disorder of movement cognition and behavior with several underlying pathologies, including corticobasal degeneration. Corticobasal degeneration is pathologically established for four repeated tauopathy. its pathological features are cortical and +ve neuronal and glial lesions of both white and the grey matter coupled with focal cortical and substantia nigra loss. corticobasal degeneration pathology was associated with four broad clinical phenotypes. they are:-

4. Nonfluent/agrammatic variant of primary aphasia.

Epidemiology; -

The prevalence of CBS Was found to be 4.9-7.3 cases per 1,00,000 population. annual incidence was calculated from the rate prevalence and life expectancy would be between 0.5 and 1 per 1,00,000 per year. typical age of presentation was 50s-70s and average lifespan from diagnosis to death is 07 years.

CAUSES; -

- Occurs due to underlying pathologies.
- Most common cause of corticobasal degeneration is atypical Alzheimer's disease.

1. Corticobasal syndrome.
2. PSP Syndrome.
3. Frontal behavioural and spatial syndrome.

- Other causes of CBS include progressive supranuclear palsy, Pick's disease and Creutzfeldt-Jakob disease.

Signs; - Aphasia.
Apraxia.

Symptoms; -

- Difficulty in moving one or both sides of the body.
- Speech problems.
- Difficulty in swallowing, Muscle jerks....e.t.c.

Genetics; -

Single pathogenic mutation contribute to the CBS. Most common monogenic mutation associated with the CBS are in the form of MAPT which results in FTLD.

DIAGNOSIS; -CT Scan MRI Scan and other scanning tests will be scanned based on signs and symptoms.

Management; -

There is no proper Therapy to cure CBS degeneration syndrome completely. Antibiotics and specific drugs are available to manage symptoms.

Complications; -

- Pneumonia
- Blood clot in the lungs
- Sepsis
- Also leads to death in critical cases.

Case report;-

A 68Years old male patient was admitted in NEUROLOGY Department in KIMS SECUNDRABAD with chief complaints of fever since from 20days, difficulty to walk since from 20days.patient was apparently asymptomatic, but when he started having a weakness progressed to an urinary incontinence like

- No h/o fall
- H/o memory disturbance from one week
- H/O Fever –low grade since from 20days.
- H/O Headache.
- NO H/O Seizures.

He was having the past history of HTN.on general examination patient was conscious and coherent obeying the commands. on Physical examination his vitals are founded to be PR-84/min BP-130/70mmhg H.R-84/min Temp-98.F R.R- 16 /min Spo2-99% at RA.His systemic examination reveals that P/A--- soft CVS-S1S2+ve LUNGS-B/LAE+ve CNS-NAD Distended. For further confirmation He was subjected to laboratory investigations which are as follows HB-12.5gm% RBC-4.2M/cumm WBC-9,242c/c

umm P.Count-4.43lakhs/cumm.He was having

parkinsonism with 1 left upper limb dystonia and apraxia. levodopa challenge test was done. UPDRS Score during off period is 63 and on period is 49 for motor examination. In view of good response tab.syndopa was added where patient limb movement and facial expression was improved patient had UTI [E.Coli].patient was treated within antibiotics for 05days.pulmonology consultation was taken in view of persistent cough, sputum for culture and sensitivity of klebsiella pneumonia infection. antibiotics were adjusted according to the sensitivity pattern. patient also had physiotherapy and speech therapy. HRCT chest was done showing mild fibrobronchectatic changes in left apicoposterior segment of upper lobe. he was also having an hyponatremia. diet was modified with an extra salt. patient improved clinically and is being discharged in stable condition with the following discharge advice.

- ❖ Tab.Doxycycline 100mg tice daily 8am 8pm after food for one day and stop.
- ❖ Tab.syndopaplus 125mg thrice daily 7am 12pm 7pm one week.
- ❖ Tab.starpress XL 25mg-RT Once daily 2pm one week.
- ❖ Tab.Ecosprin AV 75/10mg RT Once daily 2pm one week.
- ❖ Tab.Pantocid 40mg RT once daily before breakfast 7am one week.
- ❖ Tab.Optineuron 1tablet RT Once daily 9am one week.
- ❖ Tab.Pulmoclear twice daily at 8am 8pm after food one week.
- ❖ Tab.Dolo 650mg RT SOS one week.
- ❖ Syb.Mucaine gel 10ml RT THRICE DAILY one week.
- ❖ Tab.Cinod 5mg RT Once daily 9am one week.
- ❖ Tab.Mirago 25mg RT Once daily at bed time 9pm one week.
- ❖ Tab.tolvaptan1/2 tablet once daily 9pm one week.
- ❖ Extra salt in the diet.
- ❖ Physiotherapy and speech therapy.
- ❖ Tab.Bactrim DS Twice daily at 8am 8pm afterbreakfast and food for one week.
- ❖ Tab.Shelcal 500mg once daily x one month.

➤ REVIEW AFTER ONE WEEK.

DISCUSSION;-

Corticobasal basal syndrome is a rare progressive atypical parkinsonism syndrome related to fronto temporal dementia. CBS Occurs due to deposition of tau proteins in different areas of the brain.

In this case the patient was suffering with fever Since from 20days, Difficulty to walk since from 20days. He was apparently asymptomatic, But when he started having weakness.

Initially progressed to urinary incontinence. He was known with the past history of HTN. He was having parkinsonism with upper limb dystonia and apraxia. levodopa challenge test was done. UPDRS Score during off period is 63 and on period is 49 for motor examination. In view of good response tab- syndopa was added. Patient limb movement and facial expression was improved. Treated with the IV Antibiotics for 5days. Antibiotics were adjusted according to the sensitivity pattern. Patient also had a speech and physiotherapy. HRCT Chest was done showing mild fibrobron -hectatic changes in left apicoposterior segment of upper lobe. Diet modified with the extra salt. Patient improved clinically and being discharged in the stable condition.

Conclusion; -

Corticobasal syndrome [CBS] is a rare condition that can cause gradually worsening problems with speech, memory and swallowing. It is also known as corticobasal

degeneration. Most of the cases of CBD Develop in adults aged between 50 and 70. symptoms of CBD get gradually worse over time

One limb is usually affected first, before spreading to the rest of the body. The rate at which the symptoms get progress

varies widely from person to person. Diagnosis is based on the pattern of symptoms. Diagnosis must be confirmed by the

consultant with expertise in CBD. Currently there is no proper therapy to cure or to stop CBD Getting gradually worse.

Although treatments can reduce only symptoms like physiotherapy to maintain proper balance in movements. speech and language therapy to prevent communication and swallowing problems. Occupational therapy to improve skills. medications or drugs to improve stiffness and muscle spasms, sleep and mood, pain and memory.

References; -

1. Rebiz JJ, Koldny EH, Richardson EP. Corticobasal degeneration with neuronal achromasia. Arch Neurol.
2. Gibb WR, Luthert PJ, Marsden CD. Corticobasal degeneration. BRAIN 1989; 112 [PT-5]: 1171-92.
3. Borroni B, Goldwurm S, Cerini C, et al. Fibrillar aggregation in progressive supranuclear palsy and corticobasal syndrome. Eur J Neurol 2011; 18: 195-7.
4. Tartaglia MC, Sidhu M, Laluz V, et al. Sporadic corticobasal syndrome due to FTLDDP. Acta Neuropathol 2010; 119: 365-74.