

Camptocormia versus Neurogenic Claudication; “One Similar Presentation with Two Greatly Different Etiologies and Treatments”

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Dear Editor

Spinal canal stenosis is a common disease usually occurs in old patients with spinal arthrosis. Degenerative disease of the spine cause osteoarthritic changes in intervertebral disc, facet joints, and ligamentum flavum that ultimately leads to narrowing of the spinal canal. In standing or walking posture, the laminae of two adjacent lumbar vertebrae become closer together and cause buckling of the intervening ligamentum flavum. This inside folding of the ligament leads to a more severe canal stenosis in these positions. In order to escape the symptoms of the spinal canal stenosis, the patient prefers to take a curved position and stoop forward. Consequently, the yellow ligament unfolds and spinal canal expands [1].

This common stoop sign may be clinically mistaken with Camptocormia (*kamptō*: to bend, *kormos*: trunk); a disabling, flexible forward bending of the trunk due to a variety of underlying neurological or muscular diseases. Camptocormia is also known as the bent spine syndrome and was first defined in 1815 by Henry Earle and then reported by James Parkinson [2,3]. Camptocormia may have significant adverse effect on the patient’s quality of life but similar to Pisa syndrome, does not usually respond to the surgical intervention [4].

The most common causes of this clinical complaint include primary myopathies (dystrophies, structural, or metabolic myopathies including hypothyroidism), secondary myopathies (proprioceptive dysregulation, motor neuron degeneration, neuromuscular junction disorders, or radiation induced), inflammation (polymyositis, paraneoplastic), dystonia, drug induced (L-dopa, dopamine-agonists, anti-cholinergic), or functional (psychogenic) disorders [5].

As incidental abnormal findings on Magnetic Resonance Imaging (MRI) of the lumbosacral area are so common, these two similar clinical presentations may be misdiagnosed. There is a famous old Persian proverb denotes any rounded object is not a walnut and accordingly, anyone who bends forward in walking is not equal to spinal canal stenosis and thorough clinical and para-clinical investigations are warranted before deciding to operate an clinically disable patient with spinal dysfunction.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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References

1. Melancia JL., *et al.* “Spinal stenosis”. *Handbook of Clinical Neurology* 119 (2014): 541-549.
2. Earle H. “Reply to the review of Mr. Bayrton’s essay on the cure of crooked spine”. *The Edinburgh Medical and Surgical Journal* 11. 18145: 35-51.
3. Parkinson J. “An essay on the shaking palsy. 1817”. *The Journal of Neuropsychiatry and Clinical Neurosciences* 14.2 (2002): 223-236.
4. Galbusera F., *et al.* “Surgical treatment of spinal disorders in Parkinson’s disease”. *European Spine Journal* 27 (2018): 101-108.
5. Margraf NG., *et al.* “Pathophysiological Concepts and Treatment of Camptocormia”. *Journal of Parkinson’s disease* 6.3 (2016): 485-501.

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