



윤진영

삼성서울병원 신경과학교실

## Case-Based Learning II : Cases of Movement

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Even though Parkinson's disease (PD) is most common diagnosis in patients with parkinsonism, it is difficult to differentiate from atypical parkinsonism or 2ndary parkinsonism, especially in early stage of diseases. However, considering PD show very different prognosis with atypical or secondary parkinsonism, differential diagnosis is important in clinical practice.

Previous literature demonstrated red flag signs or symptoms for PD, and typical clinical features for each atypical or secondary parkinsonism, but still diverse diseases with parkinsonism share many clinical symptoms. In particular, patients with atypical or secondary parkinsonism could also have asymmetry, autonomic dysfunction, response to levodopa, or frontal lobe dysfunction. In these cases, follow-up with precise history taking and exam is important. Therefore, neurologists should keep in mind that atypical or secondary parkinsonism could share some characteristics with PD. In addition, even in PD patients, various comorbidities can be combined considering the patients' age, and these comorbidities might also worsen parkinsonism. To differentiate disease progression from other etiology is important because other treatment options, not dopaminergic medications, could be helpful. Even though precise history and neurologic exam are most important for neurologists, many laboratory tests, including brain MRI, dopamine transporter PET, gait and postural stability analysis, can be helpful for patients with aggravation of parkinsonism especially in nowadays. In conclusion, neurologists had to focus on possibility that clinical diagnosis could be changed with disease progression, and that parkinsonism could be aggravated from other etiologies.

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