

Stiff-Limb Syndrome: A Variant of Stiff-Person Syndrome

Sagar Vadhar DO

Lehigh Valley Health Network, Sagar.Vadhar@lvhn.org

Ethan S. Stern DO

Lehigh Valley Health Network, Ethan.Stern@lvhn.org

Jaimin Patel DO

Lehigh Valley Health Network, Jaimin.Patel@lvhn.org

Keithan Sivakumar MD, MBA

Lehigh Valley Health Network, Keithan.Sivakumar@lvhn.org

N Shah MD

Follow this and additional works at: <https://scholarlyworks.lvhn.org/medicine>

Part of the [Internal Medicine Commons](#), and the [Neurology Commons](#)

Published In/Presented At

Vadhar, S. Stern, E. Patel, J. Sivakumar, K. Shah, N. (2019, May). *Stiff-Limb Syndrome: A Variant of Stiff-Person Syndrome*. Poster Presented at: POMA, Philadelphia, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Stiff-Limb Syndrome: A Variant of Stiff-Person Syndrome

S. Vadhar, DO,¹ E. Stern, DO,¹ J. Patel, DO,¹ K. Sivakumar, MD,² N. Shah, MD³

¹Department of Internal Medicine, ²Department of Neurology, Lehigh Valley Health Network, Allentown, PA

³Department of Neurology, University of Kansas Medical Center, Kansas City, KS

INTRODUCTION

Stiff-person syndrome is a spectrum of rare autoimmune neurological disorders resulting in muscle rigidity and episodic muscle spasms that can be widespread or localized such as the Stiff-limb syndrome variant. These debilitating disorders are usually acquired, progressive, fluctuating, and occur in young women aged 30-50. Here we present an atypical case of a 79-year-old female with 3 days of progressive lower extremity weakness and cramps resulting in falls.

METHODS

On physical exam she was found to have hyperreflexia, increased gastrocnemius tone, and spasticity with plantarflexion. Markers of inflammation, infection, toxicity, paraneoplastic syndrome, autoimmunity, and nutritional deficiency were negative in serum, CSF, and on imaging. Furthermore, antibodies were negative for acetylcholine receptor, anti-signal recognition (SRP), ganglioside, HMG-CoA reductase, Lyme, muscle-specific kinase (MuSK), Sjorgens, voltage gated calcium channels, and voltage gated potassium channels.

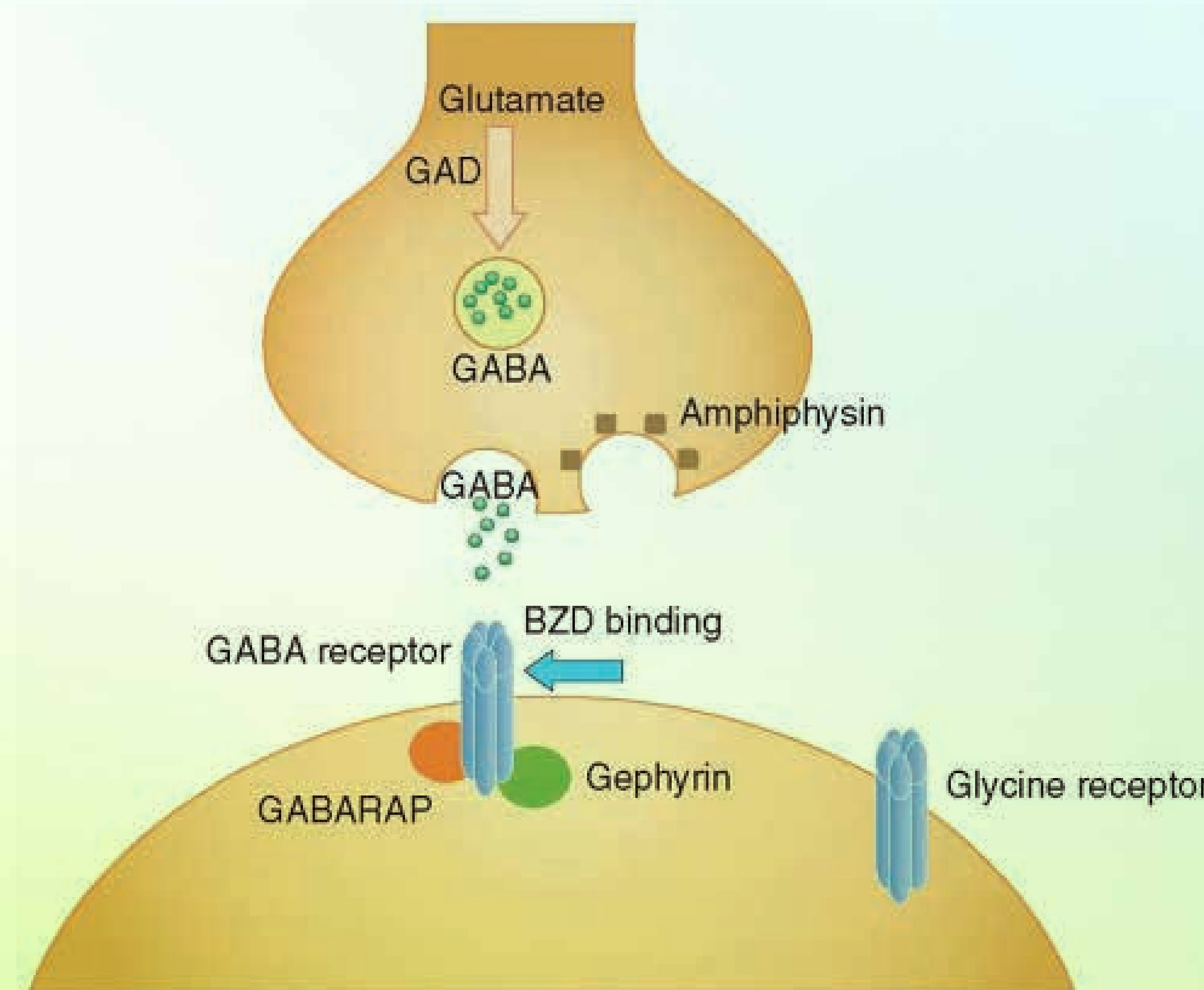


Image from <https://neupsykey.com/stiff-person-syndrome-and-peripheral-nerve-and-muscle-hyperexcitability/>

RESULTS

The lone positive laboratory marker was antibodies to the Glutamic Acid Decarboxylase (GAD) enzyme at 124 (normal 0-5). The patient was subsequently started on a benzodiazepine with improvement in her symptoms.

CONCLUSION

Stiff-person syndrome and its variants such as Stiff-limb syndrome are suspected to be caused by auto-antibodies to the GAD enzyme. GAD is responsible for converting the principal excitatory neurotransmitter glutamate into the principal inhibitory neurotransmitter gamma-aminobutyric acid (GABA). With increased accumulation of glutamate, clinical findings will include hyperreflexia and increased muscle tone. Benzodiazepines are GABA agonists which can assist in enhancing the GABA neurotransmitter at the GABA receptor resulting in muscle relaxation and therapeutic relief for the patient.