
SPASMODIC DYSPHONIA AS A PRESENTING SYMPTOM OF SPINOCEREBELLAR ATAXIA TYPE 12

Jessica Rossi¹, F. Cavallieri¹, G. Giovannini¹, C. Budriesi¹, A. Gessani¹,
M. Carecchio², D. Di Bella³, E. Sarto³, J. Mandrioli¹, S. Contardi¹, S. Meletti¹

¹ Department of Neural Sciences - University of Modena and Reggio Emilia - Modena

² Neurological Clinic, Department of Neural Sciences - University of Padova - Padova

³ Medical Genetics and Neurogenetics Unit, IRCCS Foundation - Carlo Besta Neurological Institute - Milan

Patient's history

A 61-year-old woman born in Ferrara province, developed at the age of 50 **alteration of voice**, followed by head dystonic tremor. Few years later she developed gait instability and ataxia. Later on, cognitive deterioration and depression appeared.

Previous Assessments

- ✓ Neuropsychological assessment: executive and attentive functions impairment; anomalies of learning skills for verbal and spatial material and attention divided.
- ✓ SPECT and DATSCAN: normal.
- ✓ Brain MRI: Cortical-subcortical atrophy
- ✓ Genetic analysis for SCA1, SCA2, SCA3, SCA6: negative.

Neurological evaluation

✓ Neurological examination:

✓ Dystonic postural and intentional tremor of the head and limbs.

use hyperreflexia.

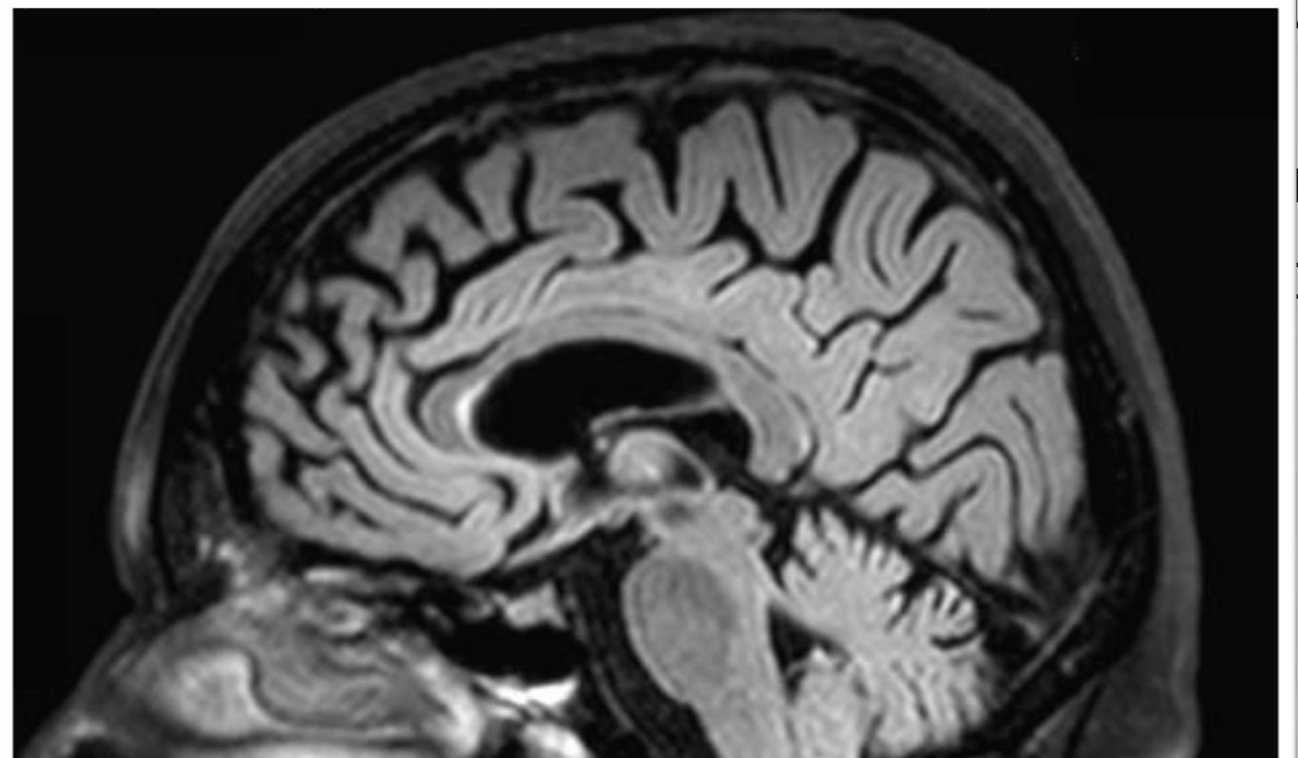
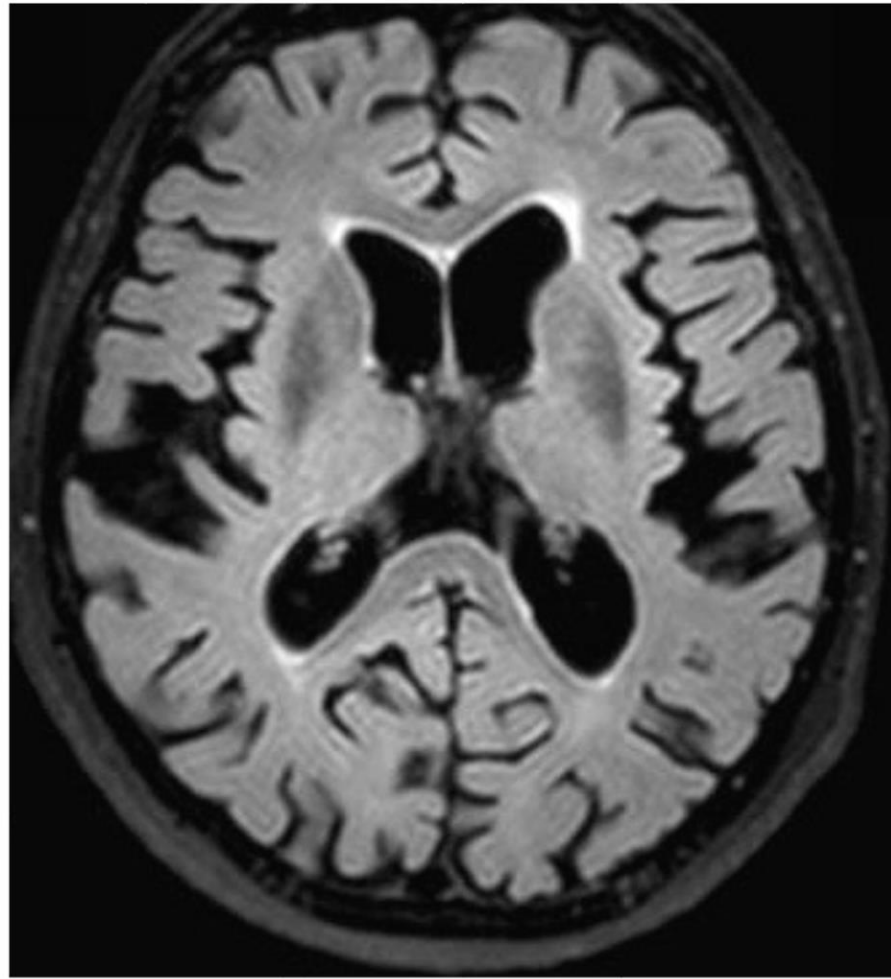
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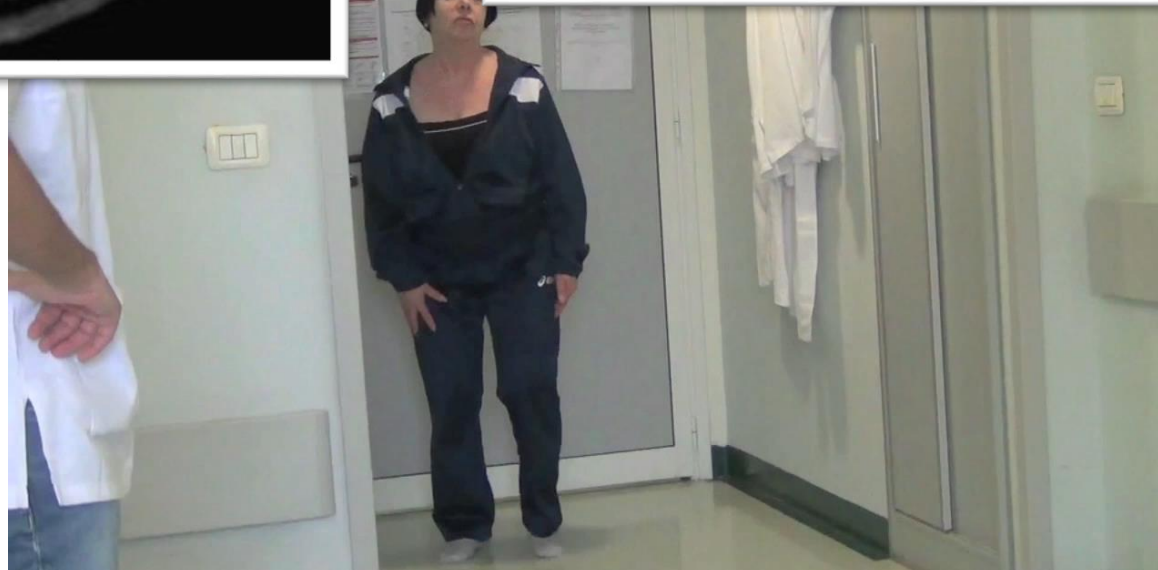
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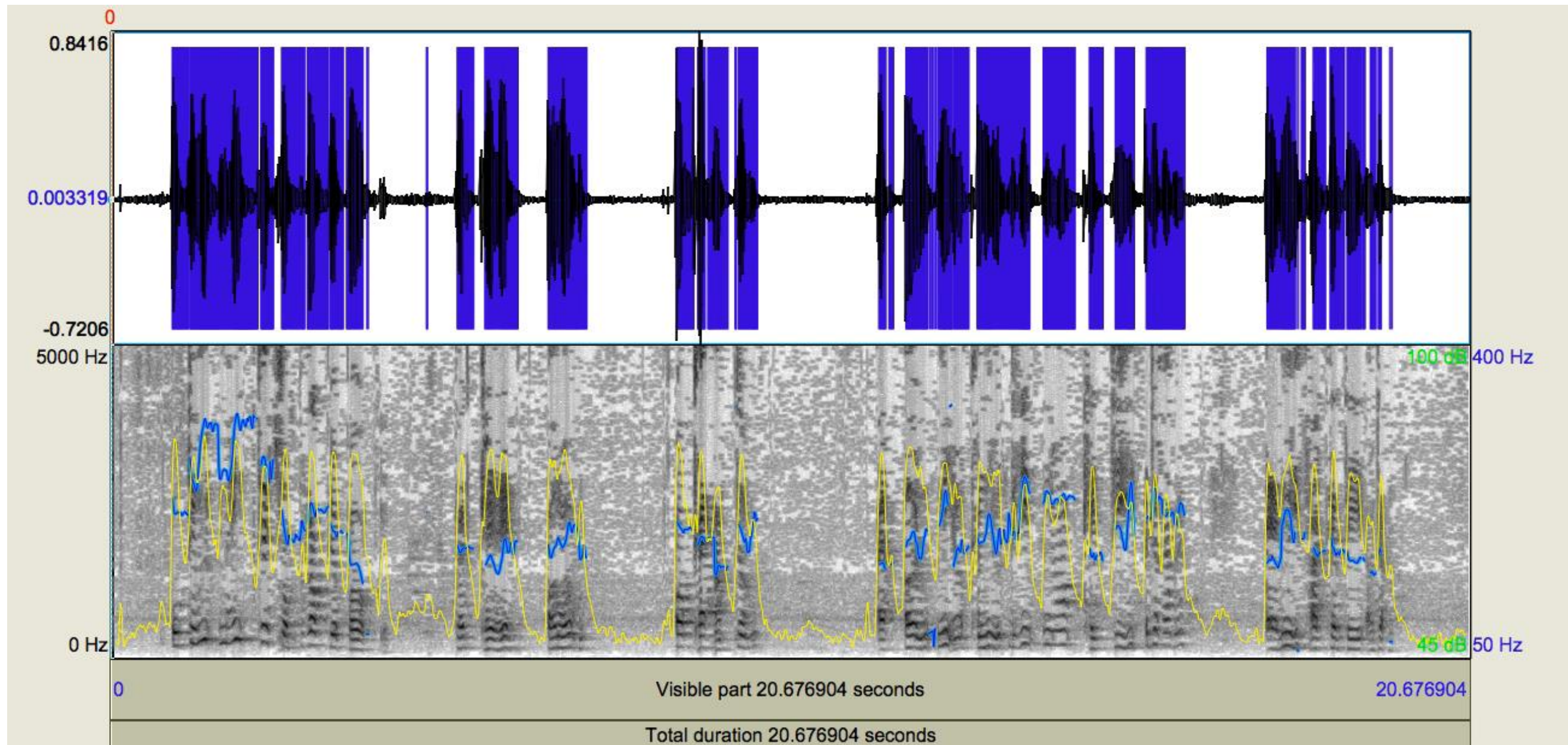
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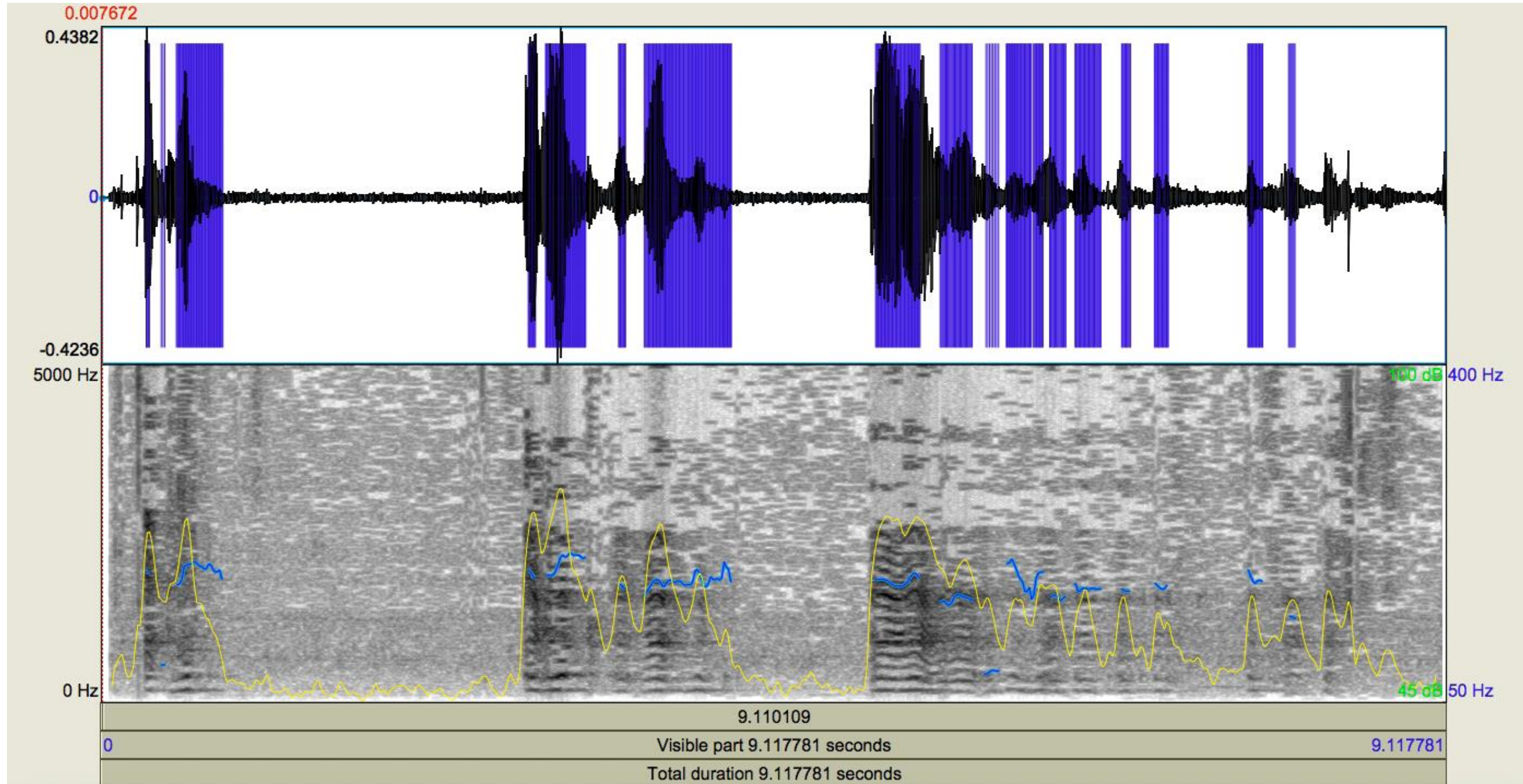
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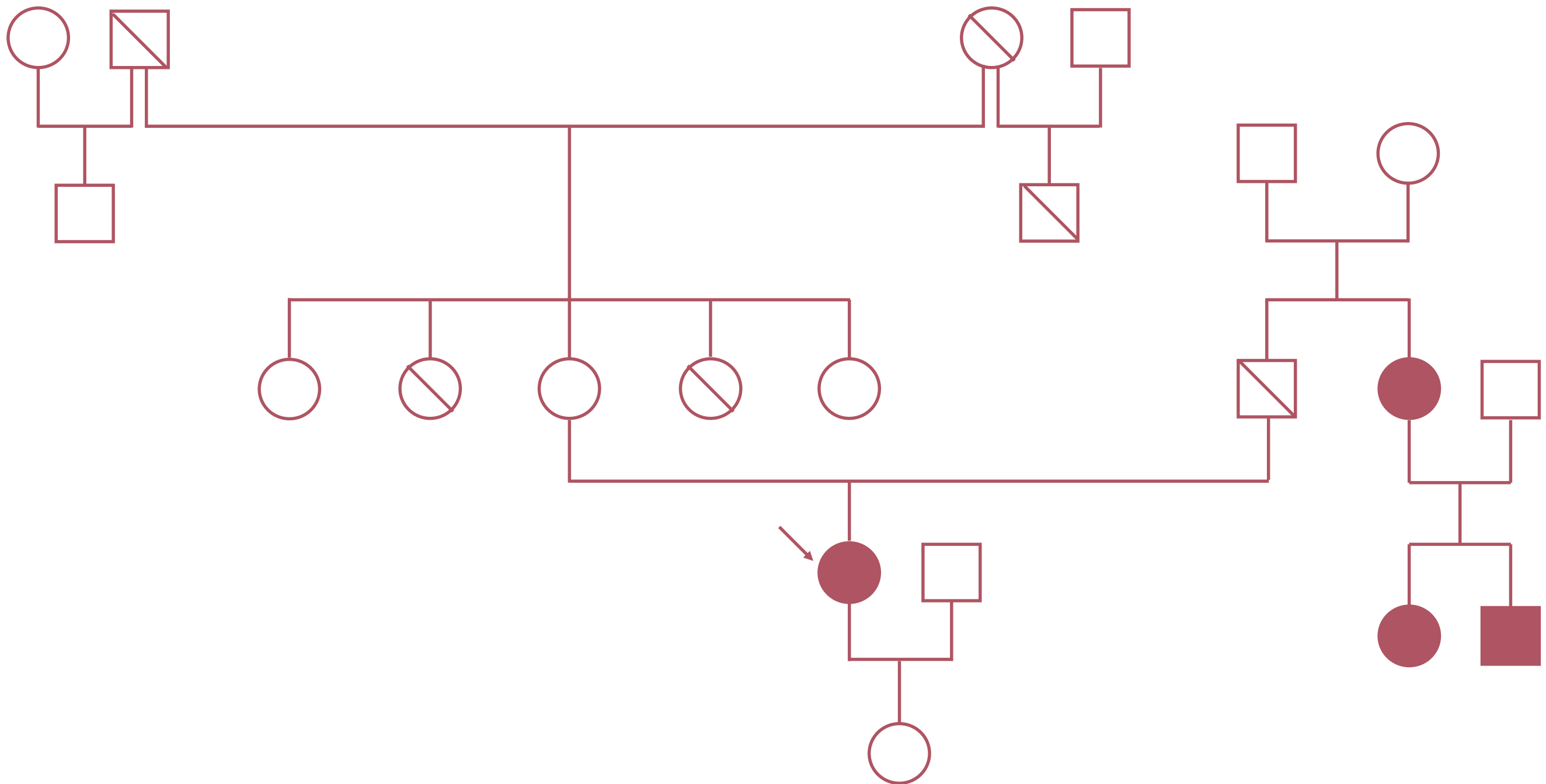
Speech evaluation



Speech evaluation



Genetic analysis



Genetic analysis

GENETIC SPASMODIC DYSPHONIA

Gene/protein	Inheritance pattern	Clinical Features
DYT-THAP1 (DYT6)	AD	Adolescent/young adult onset, generalized or segmental involvement with predominance of craniocervical and laryngeal features, often with prominent tremor.
DYT-TUBB4A (DYT4)	AD	Rare, presenting more commonly with spasmodic dysphonia, with craniocervical involvement and possible later generalization.
DYT-GNAL (DYT25)	AD	Adult onset craniocervical dystonia.
DYT-ANO3 (DYT24)	AD	Adult-onset tremulous craniocervical dystonia with laryngeal involvement and upper limb tremor.
SCA20	AD	Spasmodic dysphonia or spasmodic coughing.
SCA-PPP2R2B (SCA12)	AD	

Heterozygosity for an expanded allele with 61 CAG repeats

Christos Ganos, MD,^{1,2,3} Tabish A. Salfer, MD,¹ Panagiotis Katsis, MD,¹ Kostas Petro, MD,¹ Amit Batla, MD,¹ Carla Cardinari, MD,¹ Kallash P. Bhatia, MD^{1*}

SCA12

51–78 (normal 7–32) CAG repeat in 5' region of PPP2R2B (5q32)



B β subunit of PP2A



Cell cycle regulation, tau phosphorylation, Apoptosis



Onset between 8-55 years, mostly at 30 years

Clinical sign	Number affected of 10
Action tremor	10
Bradykinesia	9
Cerebellar sign, ataxia	8
Hyperreflexia	8
Paucity of movement	8
Babinski present	5
Decreased tone	4
Psychiatric symptoms	4
Focal dystonia	2
Dementia	2
Incontinence	2

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Cytogenetic and
Genome Research

Why is SCA12 different from other SCAs?

S.E. Holmes,^a E. O'Hearn,^{b,c} and R.L. Margolis^{a,d}

Departments of ^aPsychiatry, ^bNeurology and ^cNeuroscience; ^dProgram of Cellular and Molecular Medicine,
Johns Hopkins University School of Medicine, Baltimore MD (USA)

Discussion

Described in European-American and Asian (Indian) pedigrees



In Italy: cases in Ferrara province



Variable Phenotype



Spasmodic dysphonia described once before



This is the first case in which spasmodic dysphonia was the presenting symptom.

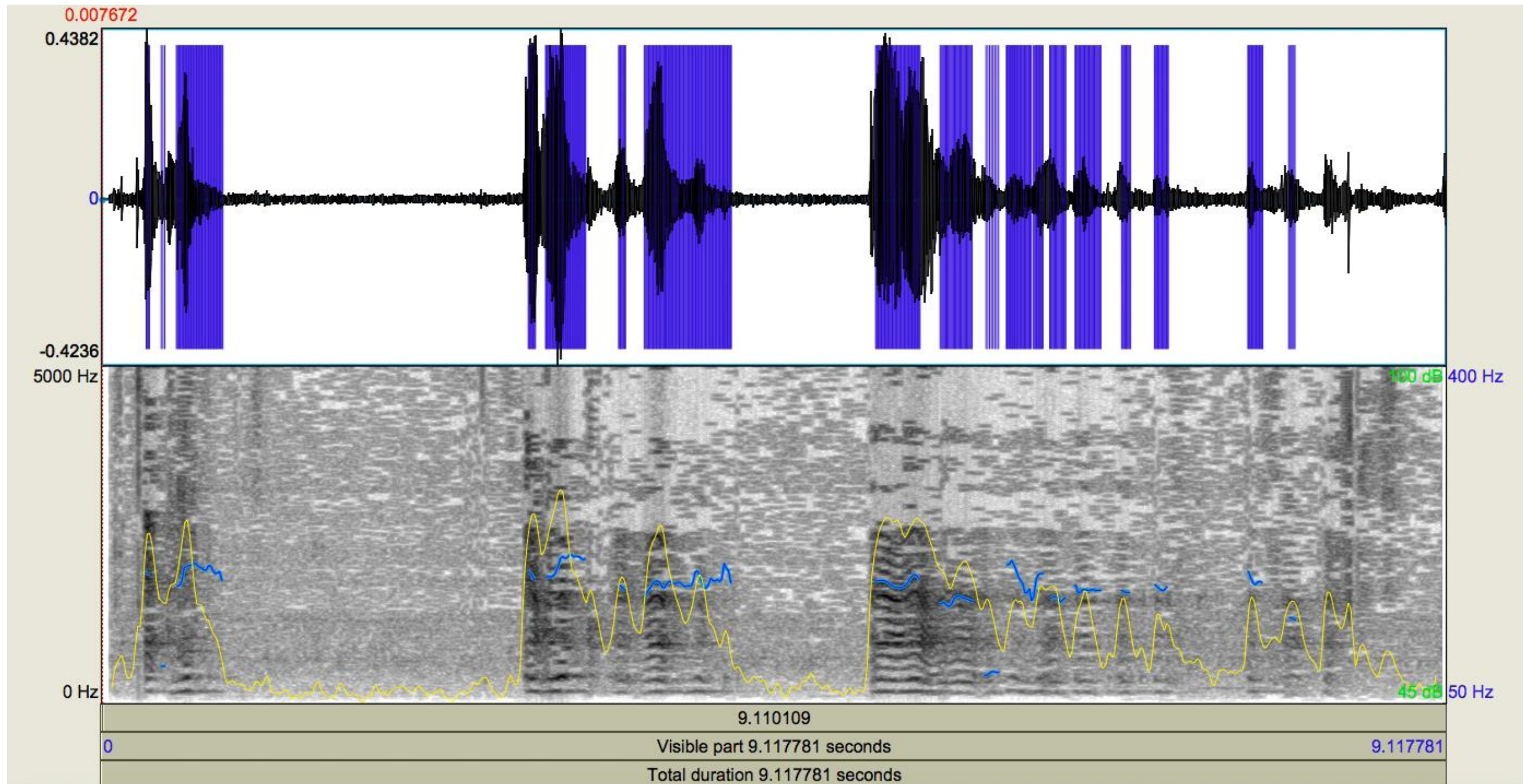
Spinocerebellar Ataxia Type 12 Identified in Two Italian Families May Mimic Sporadic Ataxia

Alessandro Brussino, MD,¹ Claudio Graziano, MD,²
Dario Giobbe, MD,³ Marina Ferrone, BSc,¹
Elisa Dragone, MSc,¹ Carlo Arduino, MD,¹
Raffaele Lodi, MD,⁴ Caterina Tonon, MD,⁴
Anna Gabellini, MD,⁵ Rita Rinaldi, MD,⁵
Sara Miccoli, MD,² Enrico Grosso, MD,¹
Maria Cristina Bellati, MSc,¹ Laura Orsi, MD,⁶
Nicola Migone, MD,¹ and Alfredo Brusco, PhD^{1*}

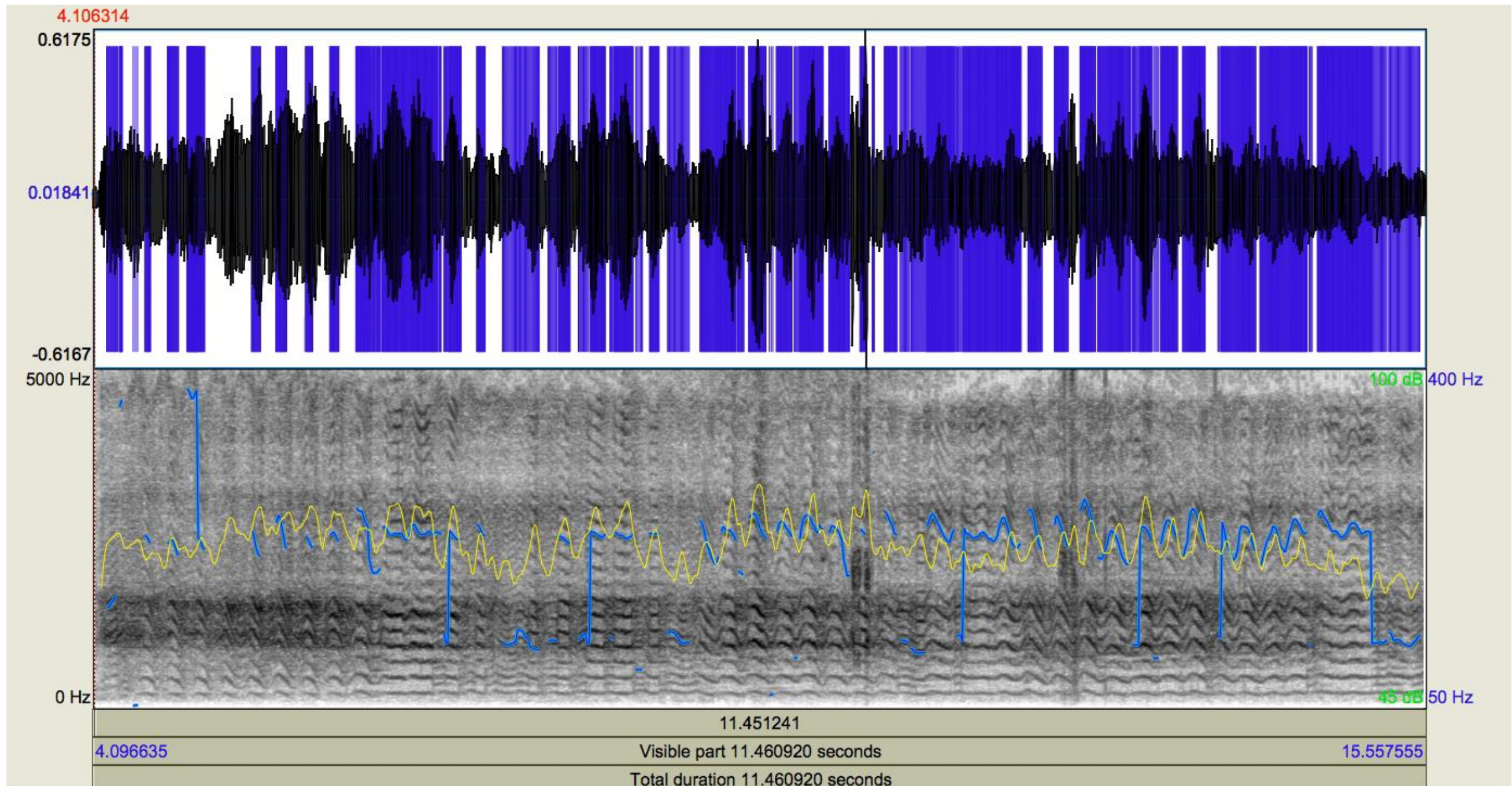
Dystonic Tremor and Spasmodic Dysphonia in Spinocerebellar Ataxia Type 12

Christos Ganos, MD,^{12,3} Tabish A. Saljee, MD,¹ Panagiotis Kassavetis, MD,¹ Roberto Erro, MD,¹ Amlit Batla, MD,¹ Carla Cardivari, MD,¹
Kallash P. Bhatia, MD^{1*}

Discussion



Discussion



Conclusion

- ▶ SCA12 is characterized by a heterogeneous phenotypic variability.
- ▶ Typical signs can appear long after disease onset.
- ▶ In many cases minor signs, like dystonia, can be predominant even at onset.
- ▶ Dystonia may primarily affect the cervical and laryngeal tract.
- ▶ Spasmodic dysphonia can be an onset sign in SCA12.
- ▶ In presence of voice alteration, multidisciplinary approach is useful, in order to better define it and guide further investigations.

THANKS FOR YOUR ATTENTION
