Neurodegenerative Diseases

DESCRIPTION OF THE FIRST CASE OF KENNEDY`S DISEASE IN A LATIN AMERICAN HOSPITAL

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Background: Spinobulbar muscular atrophy or Kennedy disease is a recessive, x-linked disease of adulthood. It is a disorder caused by the expansion of the polyglutamine pathway in the androgen receptor. The outstanding feature of spinobulbar muscular atrophy is the loss of motor neurons in the anterior horn of the spinal cord and the brainstem, corroborated by biopsy. Description of the case: 38-year-old male patient with a history of type 1 diabetes mellitus and hypertension, presents alterations in swallowing and phonation, concomitant dyspnea on small efforts associated with nausea and vertigo. Physical Exam, glasgow 15, dysarthria. strength 2 of 5. Diminished reflexes in the limbs. Uvula deviation to the right and tongue to the left. Case discussion: In Kennedy disease, neurological symptoms begin between the ages of 30 and 50, these symptoms usually begin in the pelvic limbs, as the disease progresses, the symptoms limit activities of daily living, fasciculations and loss appear. muscle mass not as pronounced as in subjects with spinal muscular atrophy. There is evidence of hypogonadism with androgen resistance. The greater the number of CAG triplets, the worse the evolution of the disease. Conclusions: In our case, as an experience, the patient dies showing all the typical manifestations of the disease, the appearance of this type of pictures is exceptional in Latin America, the prognosis and burden of long-term complications is serious, not exceeding life expectancy beyond 10 years after diagnosis.