

Dystonic drop foot gait in a patient with manganism



In 1983–1984, a 29-year-old battery factory worker gradually developed gait difficulties and tremor. In 1984, he was found to have severely elevated serum manganese levels and retired from work. Clinical examination in 1984 (videos 1–3 on the *Neurology*[®] Web site at www.neurology.org) showed bilateral foot dystonia and profound parkinsonism. His gait was shuffling, although he lifted his knees relatively high. Strength of foot dorsiflexors was normal. He did not respond to dopaminergic drugs and his gait disorder slowly deteriorated to an asymmetric dystonic drop foot gait (videos 4 and 5, recorded in 2008).

Although the walking pattern of this patient with manganism resembled that of a strutting rooster, it was distinct from cock gait as classically described in manganism. Patients with classic cock gait walk on the metatarsophalangeal joints and their heels do not touch the ground.^{1,2}

Jules Janssens, MD, Wim Vandenberghe, MD, PhD, Leuven, Belgium

Address correspondence and reprint requests to Dr. Wim Vandenberghe, Department of Neurology, University Hospitals Leuven, Herestraat 49, 3000 Leuven, Belgium; wim.vandenberghe@uzleuven.be

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1. von Jaksch R. Ueber Mangantoxikosen und Manganophobie. *Münch Med Wochenschr* 1907;20:969–972.
2. Huang CC, Chu NS, Lu CS, Calne DB. Cock gait in manganese intoxication. *Mov Disord* 1997;12:807–808.

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