A 21-year-old man presented with gradually progressive asymmetric bilateral weakness and atrophy of the intrinsic hand muscles that stabilized after a 3-year progression. EMG demonstrated both active denervation and chronic reinnervation of the intrinsic hand muscles. Cervical spine MRI demonstrated kyphosis of the cervical spine and high signal intensity within the anterior horns of the lower cervical cord (figure). Imaging features of Hirayama disease include 1) asymmetric lower cervical cord flattening, atrophy and hyperintense parenchymal signal, 2) abnormal cervical curvature as in our patient, and 3) dilated and enhancing epidural venous plexi and anterior shifting of the posterior dural sac on flexion MRI. Hirayama disease occurs in young individuals, with a male preponderance, and presents with distal upper extremity weakness due to segmental damage to lower motor neurons usually at the C8–T1 levels.

**AUTHOR CONTRIBUTIONS**
Dr. Desai: drafting/revising the manuscript and analysis or interpretation of data. Dr. Melanson: drafting/revising the manuscript, study concept or design, and analysis or interpretation of data.

**REFERENCES**

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