Teaching Video NeuroImages: Palatal tremor associated with *SPG7* variants

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Figure Brain MRI of patient with *SPG7* variant and palatal tremor

(A) Sagittal and (B) axial T2-weighted images show cerebellar atrophy but not enlarged olives.

A 58-year-old woman presented with a 30-year history of progressive ataxia, dysarthria, and bilateral leg spasticity. Neurologic examination revealed involuntary movement of the uvula and soft palate at 2–3 Hz (video). Brain MRI showed only cerebellar atrophy (figure). Targeted next-generation sequencing identified a pathogenic homozygous variant in the *SPG7* gene (c.773_774delTG; p.V258Gfs*30) leading to the diagnosis of spastic paraplegia type 7. Palatal tremor may be present in a variety of acquired or familial disorders¹ such as cerebrotendinous xanthomatosis, SCA20, POLG-related disorders, neuroferritinopathy, and Alexander disease, but it was reported in only one patient with *SPG7* mutations.² Our observation confirms that *SPG7* screening should be considered in patients with palatal tremor and ataxia.

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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Name	Location	Contribution
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Ginevra Zanni, MD, PhD	Bambino Gesù Research Hospital, Rome, Italy	Interpreted the data, revised the manuscript for intellectual content
Marta Nardella, BS, PhD	Bambino Gesù Research Hospital, Rome, Italy	Interpreted the data, revised the manuscript for intellectual content

Appendix *(continued)*

Name	Location	Contribution
Serenella Servidei, MD	Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy	Interpreted the data, revised the manuscript for intellectual content

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