Teaching NeuroImages: Hirayama Disease With Symmetric Atrophy of Bilateral Distal Upper Extremities

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A 15-year-old boy presented with progressive left to bilateral hand weakness and cold paresis over 1 year. Examination revealed atrophy of upper limb musculature, especially bilateral dorsal interossei muscle. Neutral MRI showed cord thinning and intramedullary hyperintensity at C5–C7 levels. Neck flexion sagittal (C) and axial (D) T2-weighted MRI show crescent-shaped enlarged posterior epidural space below C3 with flow void causing bilaterally symmetric flattening of the lower cervical cord.

(A) Wasting of bilateral dorsal interossei muscle. (B) Neutral sagittal T2-weighted MRI shows cord thinning and hyperintense signal at C5 to C7 levels. Neck flexion sagittal (C) and axial (D) T2-weighted MRI show crescent-shaped enlarged posterior epidural space below C3 with flow void causing bilaterally symmetric flattening of the lower cervical cord.

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Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.

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sclerosis–like symptoms and features an expansion of the dural sac on neck flexion MRI.\textsuperscript{1} The majority of HD is unilateral or asymmetric but bilateral symmetric involvement is reported in 10% of patients and indicates more severe affliction.\textsuperscript{2}

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### Appendix

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#### References

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