

# Bilateral ape hand deformity

**Figure** Severe cervical cord compression leading to an ape hand deformity



(A) Symmetric severe thenar and palmar interossei atrophy, weakness in forearm pronation, and wrist and finger flexion. Spinal cord MRI shows severe cervical anterior and posterior cord compression. (B) Improvement of ape hand deformity after spine cord decompression, as demonstrated by cervical MRI.

A 54-year-old man with a history of alcohol abuse (>2 bottles of wine per day for 40 years) presented with 2 years of progressive weakness in all 4 limbs. Alcoholic polyneuropathy was diagnosed on clinical grounds and gabapentin was used for alcohol withdrawal.<sup>1</sup>

Typical ape hand syndrome was found (figure, A) with a pyramidal syndrome, which led us to question the previously established diagnosis of alcoholic polyneuropathy. Spinal cord MRI showed severe cervical cord compression.

A cervical posterior decompression was performed that relieved the patient's symptoms (figure, B), and the ape hand deformity improved after physiotherapy, followed by recovery of both ambulation and prehension, but alcohol consumption continued.

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