Adult osteomalacia

A treatable cause of "fear of falling" gait

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Figure Severe osteopenia



The left hand x-ray suggested the diagnosis of osteomalacia because of the diffuse demineralization.

A 65-year-old man was hospitalized with a gait disorder, obliging him to shuffle laterally¹ (video on the *Neurology*[®] Web site at www.neurology.org) because of pain and proximal limb weakness. He had a gastrectomy for cancer 7 years previously, with severe vitamin D deficiency; parathormone and alkaline phosphatase were increased, with reduced serum and urine calcium and phosphate. There was reduced bone density (figure). He was mildly hypothyroid and pancytopenic. B₁₂ and folate levels were normal. Investigation for an endocrine neoplasm (CT scan, Octreoscan) was negative. EMG of proximal muscles was typical for chronic myopathy; nerve conduction studies had normal results.

After 80 days' supplementation with calcium, vitamin D, and levothyroxine, the patient walked properly without assistance (video); pancytopenia and alkaline phosphatase improved.

This unusual but reversible gait disorder may have resulted from bone pain and muscular weakness related to osteomalacia² and secondary hyperparathyroidism, with a psychogenic overlay.

Paolo Ripellino, MD, Emanuela Terazzi, MD, Enrica Bersano, MD, Roberto Cantello, MD, PhD

From the Department of Neurology, University of Turin (P.R.), and Department of Neurology, University of Eastern Piedmont (E.T., E.B., R.C.), AOU Maggiore della Carità, Novara, Italy.

Author contributions: Dr. Ripellino: acquisition of data, video included; analysis and interpretation of data; writing and editing of the manuscript and of the video. Dr. Terazzi: analysis and interpretation of data. Dr. Bersano: analysis and interpretation of data. Dr. Cantello: study supervision.

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Supplemental data at www.neurology.org