

## Profile and Severity Correlation of Ataxia Patients in a Tertiary Care Institute in Eastern India

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### Abstract

**Introduction:** Clinical profile and severity correlation of ataxia patients in our population is still varied. This study is taken up to explore this aspect. Methods - A cross-sectional study was conducted at XXX. Clinical parameters with severity correlation (SARA scale) in selected patients was determined.

**Results:** In 188 patients, 127 had cerebellar ataxia (SCA 2, 3, 1, 6, 12, MSA C, Wilsons disease), 42 had sensory ataxia mainly Sensory ataxic GBS, CIDP variant (CISP), Sjogrens and 19 had Mixed cerebellar sensory ataxia (Multiple sclerosis, Vitamin E deficiency). Cerebellar ataxias had higher disability at presentation (mean SARA score- 21.87) than mixed ataxias (SARA - 19.68). Increase in SARA score was seen more in mixed ataxias (3.64) than cerebellar (3.01). Disability progression is more in MSA C and SCA 2 has lesser degree of progression (despite highest SARA score- 28.5 at presentation).

**Conclusion** - MSA C, SCA, Multiple sclerosis are majority in respective ataxia groups. Maximum disability and progression is seen in MSA and SCA (SARA scale). Chances of early detection and knowledge about progression of ataxia spectrum in our population is attempted.

**Limitations:** Further follow up of the patients with ataxia required to get a clear insight.

**Further Scope:** Early diagnosis and management strategies can be validated for better management and prevention of deterioration to make the otherwise debilitating ataxia disorders a preventable one.

**Conflict of interest-** Nil

**Keywords:** Ataxia, Cerebellar, SARA Scale.



### Biography:

Subhas Bhui has completed his MBBS, MD General Medicine, and pursuing DM Neuromedicine from BANGUR INSTITUTE OF NEUROSCIENCES, IPGMER, KOLKATA, INDIA.

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