

Paraneoplastic cerebellar degeneration (PCD) is a type of ataxia that results from cancer. Whilst it is uncommon, PCD may be associated with almost every type of tumour, although the most frequent types of tumours are lung, ovary, breast and lymphoma. The neurological problems often develop before the tumour is identified, although this is not always the case. This means that it is very important to diagnose this type of ataxia promptly in order to treat the tumour.

The presenting symptoms of PCD are dizziness, nausea, blurry or double vision, sometimes associated with oscillopsia (where people feel like the world is moving and is all a blur) and gait instability. In some people this is preceded by a flu-like illness. Other symptoms that follow are a variable degree of ataxia (ie: problems of balance and co-ordination). Problems with speech, such as speech slurring (dysarthria) and problems with swallowing also develop. In general the symptoms of PCD are similar regardless of the type of cancer, but the course of the disorder varies.

A number of antineuronal antibodies have been identified in the blood or spinal fluid of people with PCD. The different types of antibodies tend to be associated with the different tumours.

Most patients with PCD do not improve with treatment of the tumour, or immunosuppressants, including steroids, plasma exchange or intravenous gamma globulin. However there are some cases of patients who have improved with some of these treatments. Also some types of PCD (those with anti-Tr antibodies) may improve.

Management of symptoms

A speech and language therapist can help with speech or swallowing problems, and a referral can be arranged by your GP. An ophthalmologist can help with vision problems. A neurologist can help with any of the other symptoms.

**Reference: Handbook of Ataxia Disorders, Edited by Thomas Klockgether, 2000.
This leaflet was reviewed by one of Ataxia UK's Medical Advisors in August 2005**

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