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Striatal Hand

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Keywords: Parkinson's disease; Motor fluctuation; Physical therapy; Metacarpophalangeal joints

A 68-year-old man with Parkinson's disease developed progressive hand deformity bilaterally despite optimal treatment with dopaminergic medications. He developed "striatal hand" deformity characterized by flexion of the metacarpophalangeal joints, extension of the proximal interphalangeal joints and flexion of the distal interphalangeal joints (Figure 1). No ulnar deviation was present. He subsequently underwent bilateral sub thalamic deep brain stimulation surgery with improvement on his "on" time and motor fluctuation. However, there was no improvement of his hand deformity. Symptomatic treatment and physical therapy are important to prevent fixed hand deformity and its associated complications.

Figure 1: Striatal hand in a patient of Parkinson's disease.

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Received September 16, 2015; **Accepted** September 18, 2015; **Published** September 25, 2015

Citation: Chao YX, Tan EK (2015) Striatal Hand. J Alzheimers Dis Parkinsonism 5: i102. doi: 10.4172/2161-0460.1000i102