Vascular parkinsonism is a useful clinical entity: No

O. Levin
Department of Neurology at the Russian Medical Academy of Continuous Professional Education, Centre of Extrapyramidal Diseases

Over last 100 years the pendulum of vascular parkinsonism (VP) diagnosis was swinging from overdiagnosis to its total denial. There are 2 principle approaches for VP diagnosis. The inclusive approach considers any vascular changes sufficient for “VP” in patient with parkinsonism. Exclusive approach supposes the diagnosis of VP is relevant only after exclusion of all other causes. Recent data about the role of small cerebral vessel disease in the pathophysiology of VP and emergence of biomarkers changed the practice of diagnosis creating a new clinical context.

There are several confusions which make conception of VP less relevant. At first, frontal (higher level) gait disorder frequently named “lower body parkinsonism” is typologically distinct from classical parkinsonian as far as from atactic syndrome. We need more strict phenomenological definition of VP taking into account a complex constellation of different motor impairment. Secondly, it is often challenging to make differential diagnosis between VP and a combination of PD with CVD, and even more so for atypical forms of atypical parkinsonism such as PSP-parkinsonism. The term of “mixed parkinsonism” does not seem to be quite optimal because in this situation we can’t specify whether vascular lesions revealed on MRI really contribute to any motor disturbances. This approach may lead to “epidemic” overdiagnosis of “mixed” parkinsonism without adequate verification. We believe that VP is really exist but it should be a diagnosis of exclusion.