National Ataxia Foundation

Acute Cerebellar Ataxia

What is Acute Cerebellar Ataxia?

Acute Cerebellar Ataxia is an acquired form of ataxia, where cerebellar dysfunction is due to a recent, or actively occurring, infectious illness or vaccination. Some people call it post-infection ataxia. Acute Cerebellar Ataxia accounts for 50-60% of all sudden-onset ataxia in children. Acute Cerebellar Ataxia is most common in children under 6 years old. However, teenagers and adults can also develop Acute Cerebellar Ataxia. Many viral infections can lead to Acute Cerebellar Ataxia, such as Chicken Pox, COVID-19, and Measles.

It is estimated that between 1 in 100,000 and 1 in 500,000 children will develop Acute Cerebellar Ataxia each year. These numbers used to be higher historically, but the development of vaccinations has decreased the yearly number of Acute Cerebellar Ataxia.

Acute Cerebellar Ataxia Symptoms

Acute Cerebellar Ataxia has a sudden onset. This means that symptoms develop quickly, in a matter of hours or days. Common symptoms include impaired balance, coordination, and dexterity. People with Acute Cerebellar Ataxia may also have slurred speech, jerking eye movements, and dizziness. People with Acute Cerebellar Ataxia usually experience a fever or infection before symptoms begin.

Prognosis

Over 90% of children with Acute Cerebellar Ataxia will completely recover from Ataxia, usually without any treatment. However, for unknown reasons, some people with Acute Cerebellar Ataxia develop persistent symptoms. Treatment for Acute Cerebellar Ataxia largely focuses on treating the underlying infection. However, in some cases, immunomodulatory therapy such as steroids or Immune Globulin (IVIg) may be prescribed by a physician. There remains some controversy around the best course of action for the immediate Acute Cerebellar Ataxia.

For individuals with persistent Acute Cerebellar Ataxia symptoms, rehabilitation strategies can help manage ataxia symptoms. This includes exercise, physical therapy, occupational therapy, and speech therapy. Medications may also be prescribed to help manage symptoms such as nausea, vertigo, or headache.

Diagnosis

A neurologist is often the most helpful specialist in recognizing symptoms and diagnosing the disease that causes Ataxia. A neurologic examination can determine whether a person has ataxia symptoms. MRI brain imaging and lumbar punctures are common tests used to diagnose Acute Cerebellar Ataxia. Blood or urine tests may also be ordered to rule out other potential diagnoses, such as sudden-onset ataxia caused by a child accidentally ingesting medication. Sharing personal medical history, including recent illnesses or infections, is an important part of the diagnosis process.

What kind of support is available after the diagnosis?

The National Ataxia Foundation (NAF) is committed to providing information and education about Ataxia, support groups for those affected by Ataxia, and promoting and funding research to find the cause for the various forms of Ataxia, better treatments, and, hopefully someday, a cure. As Ataxia research moves into the clinical phase, pharmaceutical companies will begin recruiting participants for clinical trials. Individuals with Ataxia or who are at-risk for Ataxia are encouraged to enroll in the CoRDS Ataxia Patient Registry. To access the Registry, go to NAF's website www.ataxia.org and click on the "Enroll in the Patient Registry" tab and follow the directions on the CoRDS website.

NAF provides accurate information for you, your family, and your physician about Ataxia. Please visit the NAF website at www.ataxia.org for additional information, including a listing of ataxia support groups, physicians who treat Ataxia, social networks, and more. For questions contact the NAF directly at (763) 553-0020 or naf@ataxia.org.

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