**SMA + CMT**

We have found in the literature one more case report describing a patient with SMA and CMT [18]. In both reports demyelinating neuropathy secondary to the PMP22 duplication was detected (CMT1A). That is the most frequent type of CMT. The chances of coexistence of these two entities are approximately 1/18,000,000 [4]. A foot deformity and distal weakness prompted further diagnostic procedures in our case. The other patient clinically presented with a predominantly SMA phenotype. Aombination of predominantly proximal (SMA) and distal (CMT1A) muscle weakness resulted in a severe phenotype. In typical CMT1A, the weakness progresses slowly over decades and distal muscle groups are predominantly affected. Our patient lost ambulation at the age of eight, as can be expected in SMA3. Although the patient is limited in her everyday activities by proximal muscle weakness, her fine motor skills are well preserved.