

Unusual Management of Adult Onset Dystonia:

A Case Study

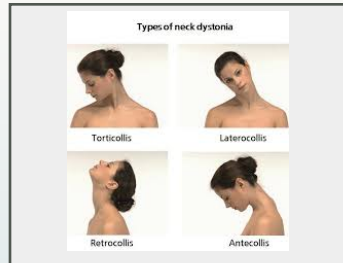
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Introduction

Dystonia is posturing or movement of a specific muscle group. The adult onset dystonias in the cervical region or spasmodic torticollis (ST) is more common than most believe. Most etiologies of the condition are idiopathic with potential genetic involvement.

Dystonia most commonly involves the sternocleidomastoid muscle, hence the higher frequency of ST seen. Emotional stress and fatigue typically worsen dystonia, whereas rest and relaxation improve the spasms, occasionally with resolution during sleep.



The above illustrates the different types of neck dystonias that can be seen in patients.

Case Report

A 61 year-old female presents to our clinic with chief complaints of chronic musculoskeletal pain and migraines. Her symptoms started while she was in high school and was exacerbated by a recent car accident. The patient noticed intermittent cervical dystonia after the car accident.

Patient's constellation of symptoms were previously treated with occipital nerve blocks, cervical radiofrequency ablation, and chronic opioid use. Patient was scheduled for a routine trigger point injection for her significant dystonia. Patient was noted to have significant right-sided laterocollis.



Depicted is an example of a person with right-sided laterocollis.

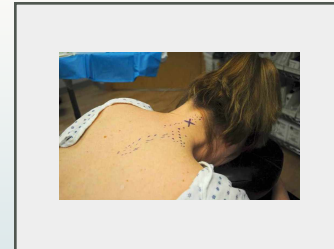
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Results

Patient was given trigger point injections in her right medial and superior muscles: trapezius and cervical paraspinals.

The total volume of local anesthetic used was 7 mL. After each trigger point was done, the patient was noted to have significant improvement in her dystonia. Cervical myofascial release was applied as well to help facilitate the process of recovery. At the conclusion of the procedures, the patient was almost back to baseline.



Example of trigger point injection location to the cervical paraspinal musculature.

Conclusions

Adult onset cervical dystonia is common, however the etiology is unclear. Management is usually conservative, with the mainstay treatment being physical therapy. The treatment for cervical dystonia likely involves sensory feedback responses called 'gestes antagonistes'.

We believe that our trigger point injections elicited such a response by temporary relaxation of muscle cords which allows for energy to the actin-myosin chains causing lengthening of the muscle fiber (Wong, 2012).