

Post-Traumatic Cervical-Scapular “Dystonic” Spasm Responsive to Botulinum Toxin and to Epidural Xylocaine

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Persistent focal shoulder and cervical muscle painful posture deforming spasm shortly following local musculoskeletal painful injury is a syndrome characterized by: Tonic spasm, moderate to severe pain, segmental muscle hypertrophy maximal in the trapezius, absence of tremor, minimal postural, antagonistic gesture or sleep benefit. Also, no over representation of family history of dystonia, scoliosis, tremor or Parkinson’s disease and resistance to oral medications including those which may reduce dystonic muscle over contraction and poor response to doses of botulinum toxin which usually benefit dystonia (Truong, et al, 1991; Goldman & Ahlskog, 1993). In contrast, otherwise typical cervical dystonia with an antecedent trauma history is indistinguishable from non-trauma associated cervical dystonia (Duane & Berman, 1992).

We present two patients with this post-traumatic syndrome in which temporary treatment success was achieved. The first, a 36 year old man responded to EMG assisted high dose (500 IU Botox®) botulinum toxin A until resistance developed associated with neutralizing botulinum toxin A antibodies. The second, a 22 year old woman responded to 36 hours of in-hospital epidural xylocaine drip with marked improvement for 3 months.

Perhaps unloading muscle spindles in affected muscles with high dose botulinum toxin (case 1) or the blocking of IA afferents with local anesthetics in high doses (case 2) may offer temporary symptomatic benefit. However, neither patient achieved remission and each remains symptomatic now for 11 years.

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