

Cervical dystonia as the first sign of brain demyelination

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Dystonia (DYT) is a disorder characterized by involuntary muscle contractions that cause repetitive movements or abnormal postures. There are several forms of DYT. In cervical dystonia (CD), contractions cause anterocollis, retrocollis, lateral or sagittal shifts (torticollis), sometimes causing pain. It can be a symptom of other diseases, like Wilson's disease or a reaction to different medication (iatrogenic).

We report a 27-year old female with a CD. The symptoms have started two months ago with unvoluntary painless head and neck movements on the right side. Previously, the patient was treated with amoxicillin with clavulanic acid and metronidazole, due to odontogenic absces. With the occurrence of a skin rash, the medicatons were stopped and the patient was given an antihistamine drug. The patient has also been diagnosed with Hashimoto disease.

Multi Slice Computed Tomography (MSCT) of the brain showed hypodense lacunar lesion in the right nucleus putamen. Laboratory results showed no pathology in ceruloplasmine concentration, serum copper or 24-hour-urine copper, and detected a low red cells count. The patient was admitted to hospital for the further examination. Brain Magnetic Resonance Imaging (MRI) - T2 and FLAIR, showed supratentorial paraoccipital billateral hyperintensive lesions. Liquor analysis hasn't showed intratecal syntesis. Visual Evoked potentials (VEP) results were normal. Due to testing results, definitive diagnosis of Multiple Sclerosis (MS) could not have been made. The patient was released from the hospital after the application of Botulinum toxin 100 U in the affected muscles.

On the last control, there was no neurological deficite.

We emphasize the importance of differential diagnosis of primary causes of CD.

Keywords: dystonia, Hashimoto disease, hypodense lacunar lesion

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