1.296 SUCCESSFUL TREATMENT OF REFRACTORY ANTEROCOLLIS WITH BOTULINUM TOXIN TYPE A INTO BILATERAL LOWER PORTION OF STERNOCLEIDOMASTOID MUSCLES

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Anterocollis is probably the most challenging type of Cervical dystonia to treat. It is characterized by simultaneous and repetitive antagonist muscles contractions, resulting in abnormal neck posture. Botulinum toxin is usually a practical and effective treatment for cervical dystonia, however, anterocollis has been categorized as the most difficult to treat because of side effects. The SCM is the most frequently involved muscle, and injections in the upper third, performed to decrease potential side effects as dysphagia, can be ineffective or provide only partial relief. We described two cases of refractory anterocollis that improved with injections in the lower third of the SCM.

Case report: Two male patients presenting with anterocollis were treated with botulinum toxin at dosages up to 100U BoNTA in the first one, and 5000U BoNTB in the second one. The injections were initially performed in the upper and middle third of the SCM with only partial or no benefit. After more than three sessions with only marginal benefits, we decided to inject in the lower third of the SCe after finding a very loud signal of increased activity on the EMG. Injections were performed under EMG guidance with 50U BoNTA or 2500U BoNTB per each SCM. After 2 weeks, patients reported significant improvement of the posture with no perceived side effects.

Conclusion: Injections in the lower third of the SCM can be performed safely and may provide more relief in patients who previously failed injections in the upper third for Anterocollis of the SCM.

1.297 SPASTIC DYSTONIA OF HIP ADDUCTOR IN PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS TREATED WITH BOTULINUM TOXIN TYPE A

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Objective: To establish effectiveness of botulinum toxin type A (BTX-A) for treating hip adductor spastic dystonia in primary progressive multiple sclerosis (PPMS).

Methods: 22 patients with definite primary progressive MS, and disabling spastic dystonia affecting the hip adductor muscles of both legs were treated with BTX-A (Botocx; Allergan) 200 units, administrated by intramuscular injection to these muscles. Patients were assessed at entry, and 4 (primary analysis time-point), and 12 weeks post-treatment during 3 years of observation. The injection was repeated every 3 months. We used the Modified Ashworth Scale, the Tardieu Scale, and the Goal Attainment Scale (GAS) for assessing spasticity. The Unified Dystonia Rating Scale (UDRS), and Fahn Marsden Rating Scale (FMRS) were used for assessing dystonia. The Numeric Graphic Rating Scale were used for assessing pain, results for improving in daily hygiene. The frequency of spasticity spasm was analyzed.

Results: A total of 22 patients suffering for PPMS were recruited; mean EDSS 7.3 score; the mean disease duration 8 years. The primary efficacy variables-passive hip abduction and distance between the knees-improved significantly for all patients. Spasm frequency was reduced for 17 patients. Muscle tone, pain, dystonic posture and improvement in hygiene scores were reduced for all patients. Adverse events – the incidence of muscle weakness – were reported two times by 2 patients during 36 month observation. The response to treatment was considered positive by all patients.

Conclusion: BTX-A reduced the degree of spastic dystonia of hip adductors, pain, and spasticity spasm frequency associated with PPMS, and improved the daily hygiene.

1.298 CHANGES IN SENSORIMOTOR NETWORK ACTIVATIONS AFTER BOTULINUM TOXIN TYPE A INJECTIONS IN PATIENTS WITH CERVICAL DYSTONIA. A FUNCTIONAL MRI STUDY

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Introduction: Patients suffering from cervical dystonia (CD) are very often notably limited in working and social activities. Botulinum toxin type A (BTX-A) is currently considered to be one of the most effective therapeutic options. The pathophysiology of CD and other focal dystonias has not been fully explained to date. Results from neurophysiological and morphological studies suggest the significant involvement not only of the basal ganglia and thalamus, but also functional abnormalities in premotor and primary sensorimotor cortical areas are considered to be a crucial factor in the development of focal dystonias.

Methods: Ten BTX-A naïve patients suffering from cervical dystonia were examined with functional MRI during skilled hand motor task and also during electric stimulation of peripheral nerve; the examination was repeated 4 weeks after the first BTX-A injection to dystonic neck muscles.

Results: Effective BTX-A treatment led to reduced activation of the ipsilateral supplementary motor area and dorsal premotor cortex in CD patients. The post-treatment sensorimotor maps showed significantly smaller basal ganglia activation.

Conclusion: The results of the study supports observations that BTX-A effect has a correlate at central nervous system level, and such effect may not be limited to cortical and subcortical representations of the treated muscles. The results show that abnormalities in sensorimotor activation extend beyond circuits controlling the affected body parts in CD.

1.299 A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY COMPARING THE EFFICACY, SAFETY AND TOLERABILITY OF LEVODOPA-CARBITODA IN PATIENTS WITH X-LINKED DYSTONIA-PARKINSONISM (XDP)


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Background: XDP is an X-linked recessive disorder characterized by parkinsonism and dystonia described among Filipinos. Oral medications are frequently ineffective. Lately, DBS have been promising. However these are not generally available or affordable for the vast majority of patients. We then decided to evaluate the effectiveness of levodopa/carbidopa for XDP.

Objective: To compare the efficacy, safety and tolerability of Levodopa-Carbidopa vs. placebo in XDP patients.

Methods: After informed consent and randomization, the BFM and the UPDRS parts III and IV were performed at baseline, monthly up to 6 months. Patients were randomized to receive either levodopa/carbidopa at a starting dose of 125mg levodopa/day in 2 divided doses or placebo. Gradual up titration was done to a maximum of 1000mg levodopa/day or until side effects appeared.

Results: A total of 107 patients were recruited. There were 12 screen failures, and 95 were subsequently enrolled. During the study course a total of 18 patients dropped out, while data from the remaining 77 were available for analysis. Partial results from the first 43 patients who completed the study showed that there was no significant difference in the BFM scale score and the UPDRS scores by chi-square analysis. The most common adverse events
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