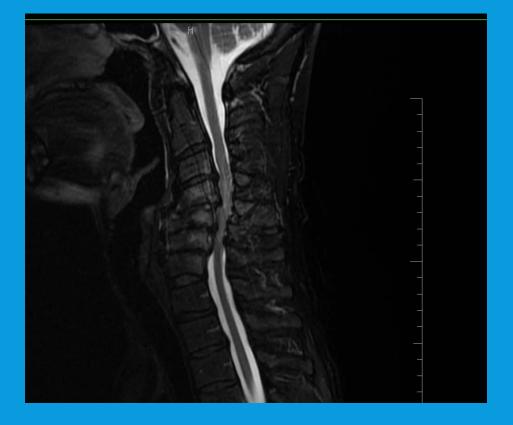


Todd Shanks, MD Graves Gilbert Clinic Bowling Green KY



- 23 yo Dx at age 4 with CP
- Prior to dx mother states developing normal motor function
- Symtpoms started in legs and progressed to arms then neck over a few years
- Dx later with dystonia by neurologist
- Baclofen pump placed 10 years ago with improvement to legs and some arms but not neck
- 2 yrs ago started developing weakness in legs and hands
- 2 mo prior to presentation had to use wheelchair and was using walker several months prior to this for weakness and balance
- Referred for DBS evaluation, no genetic studies but felt possible DYT1





Examination

- Dysarthria but stable per mom
- Dynamic left lateral collis
- Contracture of arms and hands with dynamic components but able to move passively and some acitive
- Strenth
 - UE 4/5 delt, bicep, WE, WF, HI
 - LE HF 4/5, difficult to assess PF and DF ow 5/5
- Sensory
 - Decreased proprioception ow normal
- Reflex
 - 2+ with no UMN signs



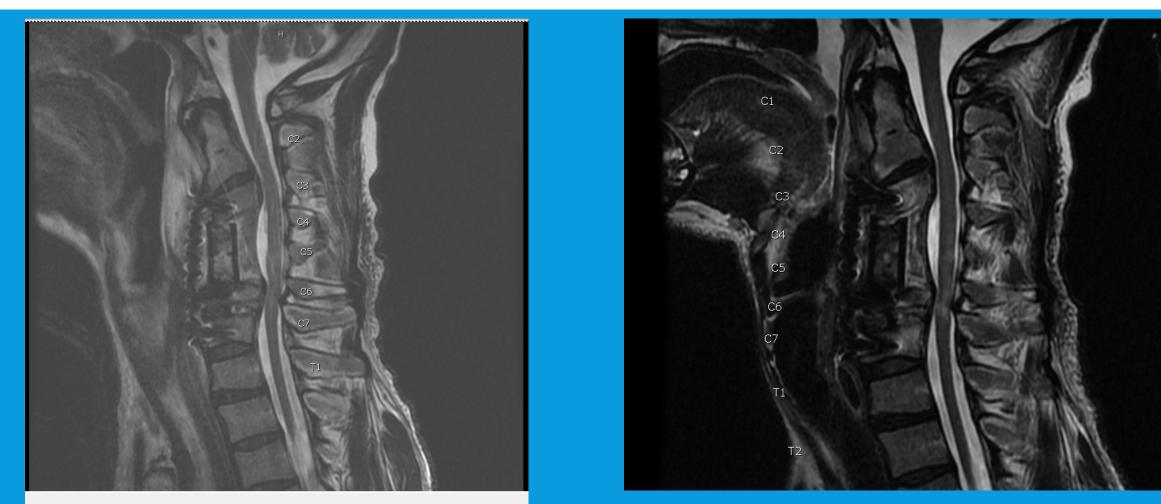
Operative

- C4, C5 corpectomy, C6-7 ACDF
- Plan for staged posterior stabilization
- Post operative
 - Very weak diffusely and somnolent
 - Baclofen decreased to 250 mcg/day from 300 mcg/day
 - Improvement in motor and cognition / alertness
 - Improved over 3 days from decrease

Plan

- At this time it was planned to optimize Baclofen levels and PT to improve motor function and gait
- Plan to perform posterior cervical in 1 month
- Clinic follow up from rehab facility
 - Had been non ambulatory
 - Urinary retention and catheter placed
 - Complained of feeling too loose and weak

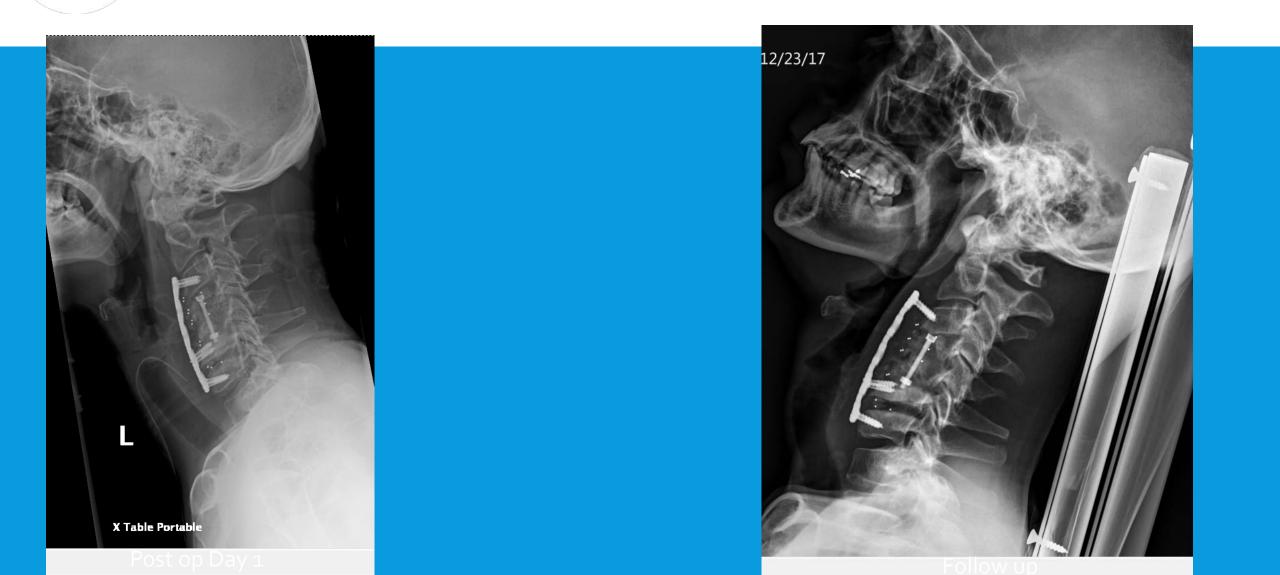




Follow up

Post Op day 1

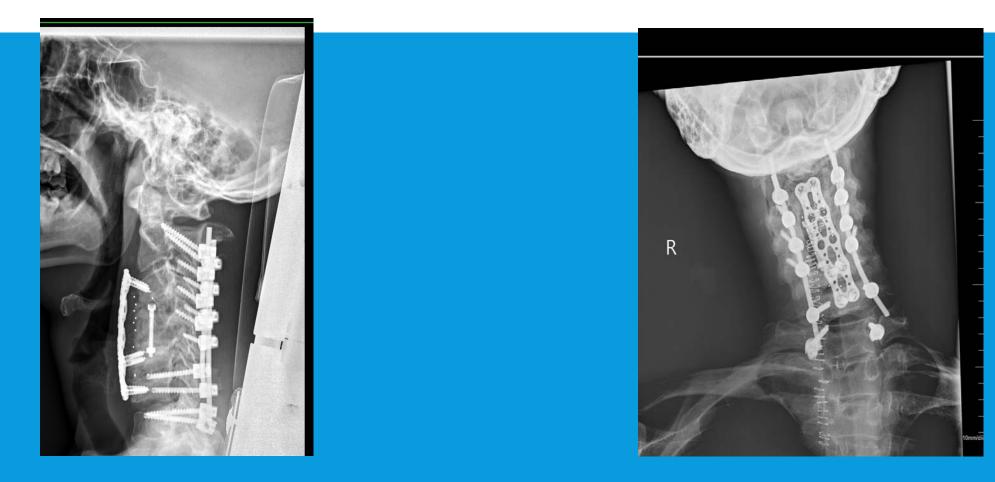






- Readmitted with repeat MRI demonstrating no new compression or cord signal
- Baclofen decreased to 100 mcg/day
- Urology consulted and felt atonic bladder, possible chronic and from Baclofen
- Over 3 days started to feel stronger
- Day 5 able to stand and ambulate with balance assistance and catheter removed and PVD 30 cc
- Plan for posterior stabilization
 - C2-T2 posterior
 - Case went uneventfully
- Post operative was ambulating but complaining of increased pulling in arms and legs and head
- Baclofen increased over 3 days to 200 mcg/day





2 week post op



Follow up 2 weeks

- Unsteady gait and feeling loose again
- Strength in hands and legs at 5/5
- Increased dystonic head torsion
- Cervical xray demonstrate rod displaced from screw
- Plan
 - Revise posteriorly
 - DBS for dystonia
- Thoughts