Pain and focal dystonia in a pediatric quadriplegic patient: management with onabotulinumtoxin A: a case report

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ABSTRACT
Introduction: Focal dystonia can cause pain and interfere with rehabilitation goals and affect quality of life and family, in a pediatric patient with recent organic brain damage.
Objective: This study examined the effects of onabotulinumtoxin A on focal dystonia, posture malalignment, and pain during the sub-acute phase.
Method: At four months of progress, a 10 year old girl, with mixed quadriplegia secondary to tuberculous meningoencephalitis is presented. The patient was semi-conscious, malnourished, gastrostomized, and exhibited pain at upper right limb mobilization. Physical exam evidenced abnormal scapular posture, and fixed cephalic rotation. Initial treatment consisted of neurodevelopmental techniques added to oral antiespatic medication, with no clinical results. Subsequent treatment consisted of onabotulinumtoxin A infiltration, guided with electromyographic technique to those muscles that showed greater dystonic activity, mapped during previous evaluations. Pain was measured according to the Visual Pediatric Analogue Scale, and passive axial alignment and spasticity according to a modified version of the Ashworth Scale, pre and post treatment.
Results: Two weeks after infiltration, the patient showed an objective decrease in pain during mobilization, and achieved aligned axial posture both while standing and sitting. At three months follow-up, patient maintained a decline in the dystonic pattern, which allowed adequate positioning to enable the integration of both upper limbs during activities, without pain interference.
Discussion: The use of onabotulinumtoxin A could play a role in the management of focal dystonia and secondary pain, during the sub-acute phase of organic brain damage.
Key words: Focal dystonia, pain, onabotulinumtoxin A.