Figure. Photographs taken 1 month after the inciting vascular surgery demonstrate healing without infection (A), but swelling and mild varus deviation of the right foot (B), indicative of early autonomic and motor signs of complex regional pain syndrome. At 3 years postoperatively, her dystonia is severe and disabling (C), necessitating crutches for walking. A video depicting this patient's accompanying bilateral tremor accompanies this case (see video clip 1 on the Neurology Web site).

VIDEO

Progression of dystonia in complex regional pain syndrome

Anne Louise Oaklander, MD, PhD, Boston, MA

A healthy woman aged 35 years underwent uneventful stripping of a varicose right saphenous vein. Severe right lower-leg pain and muscle spasms appeared immediately postoperatively. Reflex sympathetic dystrophy was diagnosed 7 weeks postoperatively.¹ Electrophysiologic study 9 weeks postoperatively demon-

Additional material related to this article can be found on the *Neurology* Web site. Go to www.neurology.org and scroll down the Table of Contents for the July 27 issue to find the title link for this article.

Address correspondence and reprint requests to Dr. Anne Louise Oaklander, Massachusetts General Hospital, 55 Fruit Street, Clinics 3, Boston, MA 02114; e-mail: aoaklander@partners.org

strated unobtainable sural responses and gastrocnemius denervation on the right. Lumbosacral MRI revealed no abnormalities. Serial radiologic examinations documented progressive right-foot osteopenia. Her dystonia worsened and spread proximally, affecting her lumbosacral spine; tremor developed in the contralateral foot. These serial photographs (figure) illustrate progression of the dystonia that is increasingly recognized as part of complex regional pain syndrome (CRPS), particularly in patients with HLA-DR13 (see video clip 1 on the *Neurology* Web site at www.neurology.org).² The case demonstrates that motor dysfunction in CRPS can begin immediately after the causative event, supporting other evidence that neither disuse nor psychological factors are primary causes.

1. Schwartzman RJ, Kerrigan J. The movement disorder of reflex sympathetic dystrophy. *Neurology* 1990;40:57–61.
2. van Hilten JJ, van de Beek WJ, Roep BO. Multifocal or generalized tonic dystonia of complex regional pain syndrome: a distinct clinical entity associated with HLA-DR13. *Ann Neurol* 2000;48:113–116.

Neurology[®]

Progression of dystonia in complex regional pain syndrome

Anne Louise Oaklander

Neurology 2004;63;751

DOI 10.1212/01.WNL.0000130515.60724.02

This information is current as of August 23, 2004

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/63/4/751.full>

Supplementary Material

Supplementary material can be found at:
<http://n.neurology.org/content/suppl/2004/08/09/63.4.751.DC1>

References

This article cites 2 articles, 1 of which you can access for free at:
<http://n.neurology.org/content/63/4/751.full#ref-list-1>

Citations

This article has been cited by 1 HighWire-hosted articles:
<http://n.neurology.org/content/63/4/751.full##otherarticles>

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):

All Clinical Neurology

http://n.neurology.org/cgi/collection/all_clinical_neurology

All Pain

http://n.neurology.org/cgi/collection/all_pain

Dystonia

<http://n.neurology.org/cgi/collection/dystonia>

Tremor

<http://n.neurology.org/cgi/collection/tremor>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:

http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:

<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.