Spontaneous intracranial hypotension with camptocormia

Camptocormia is defined as an abnormal flexion of the thoracolumbar spine that appears while standing or walking. It is associated with several clinical situations such as parkinsonism, dystonia, and neuromuscular disorders.^{1,2} We present the case of a 33-year-old man who had marked camptocormia with acute onset (video on the *Neurology*[®] Web site at Neurology.org). The patient also had a 2-day history of severe orthostatic headache. Through brain MRI and CSF examination, he was diagnosed with spontaneous intracranial hypotension. After an autologous blood patch, postural headache and camptocormia were dramatically improved. Camptocormia in this patient may have occurred to compensate for severe orthostatic headache.

In-Seok Park, MD, Joong-Seok Kim, MD, PhD

From the Department of Neurology, College of Medicine, The Catholic University of Korea, Seoul.

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Correspondence to Dr. Kim: neuronet@catholic.ac.kr

**Supplemental data
at Neurology.org**

1. Djaldetti R, Mosberg-Galili R, Sroka H, Merims D, Melamed E. Camptocormia (bent spine) in patients with Parkinson's disease: characterization and possible pathogenesis of an unusual phenomenon. *Mov Disord* 1999;14:443–447.
2. Umapathi T, Chaudhry V, Cornblath D, Drachman D, Griffin J, Kuncel R. Head drop and camptocormia. *J Neurol Neurosurg Psychiatry* 2002;73:1–7.

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