

CAMPTOCORMIA AND DBS; THE INTERESTING OVERLAPPING ETIOLOGY AND THE THERAPEUTIC ROLE OF DBS IN PARKINSON PATIENTS: A CASE REPORT

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Camptocormia is known as “bent spine syndrome” and defined as a forward hyperflexion. It increases during standing and walking activities but it diminishes in the recumbent position. Azher and Jankovic have proposed the classification of camptocormia according to etiology since 2005. The commonest etiologic factor is related with the movement disorders, mainly in Parkinson's disease or in primary dystonia and in rarest conditions of sequelae of stroke, spine deformities, spine surgery or psychogenic origin. Symptoms of camptocormia are assessed using the Burke-Fahn-Marsden dystonia rating scale (BFM).

51 years old woman has been followed with Parkinson disease for the last 10 years. She was operated because of lumbar radiculopathy 6 years ago equivocally, since she started to bent forward 1 year ago before the graceless pain. After the spinal surgery, she has been suffering from camptocormia assertively. She has ranked 46 with UPDRS and 60⁰ BFM.

Her healthy status combined with early onset of Parkinson disease and spinal surgery and sufferer with camptocormia. She was undergone with the deep brain stimulations (DBS) on the subthalamic position bilaterally. She has been cured by this intervention with only residual bending of 10⁰ BFM by the 6th month.

Therefore this case is important on behalf of the overlapped etiologies, the role of L-Dopa on camptocormia beside the Parkinson disease and the role of DBS in both Parkinson disease and also camptocormia. Therefore interrelations in between the DBS and camptocormia are discussed with the unique case on both the etiology and the treatment of it.