

A young man presenting with posttraumatic orthostatic tremor

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Objective: Orthostatic tremor (OT) is a tremor of lower body activated during standing or weight bearing, absent while seated or lying. OT is a rare disease and predominantly affects female seniors with neurodegenerative diseases such as Parkinsonism and restless leg syndrome. There have been few cases of slow OT without underlying diseases or causes, especially after trauma. We report our therapeutic experience in a young man presenting with gait disturbance caused by slow OT occurred after traumatic event. Case Description: An 18-year-old man complained of regular involuntary movement of the left leg while standing and walking. It appeared the next day after the traffic accident and persisted for 9 months. At the time of the traffic accident, he did not show any fractures or loss of consciousness. Muscle strength of the left lower limb was good. Deep tendon reflex was normoactive. The tremor occurred only under certain conditions such as standing and the stance phase of gait cycle. He could walk independently without gait aid on the flat but could not go up and down the stairs without support. Brain and lumbar spine MRI did not show any abnormal findings. Nerve conduction studies and needle electromyography (EMG) were nonspecific. On surface EMG recordings, slow OT of 5-6 Hz was confirmed during the stance phase. Stretching and strengthening exercise was prescribed. Tibial nerve block with lidocaine temporarily decreased the intensity of tremor. He was treated with botulinum toxin injection on the left gastrocnemius. The amplitudes of tremor examined by surface EMG were declined. He is on beta-blocker. Clinical functional exams such as Berg balance scale, timed up and go test, and 10-meter walking test showed some improvement. Conclusion: We report a rare case of young man with posttraumatic OT of unknown origin and OT was pretty improved by multiple therapeutic approaches.