

SPASMODIC DYSPHONIA & OROMANDIBULAR/LINGUAL DYSTONIA

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SPASMODIC DYSPHONIA History

Initially described by Traube 1871

Traube L. Spastishe Form der Nervousen Helserkeit. In:Gesammelte zur Pathologie und Physiologie. Vol 2. Berlin: Hirschwald, 1871

Psychiatric Disorder

- -aggravated by stress
- -improved with alcohol
- -sensory tricks



Spasmodic Dysphonia History

Terminologies

- Spastic Dysphonia
- Spastic Aphonia
- Phonic laryngeal spasms
- Mogiphonia
- Laryngeal Stuttering

Blitzer 1985

Blitzer A, Lovelace RE, Brin MF, Fahn S, Fink ME. Electromyographic findings in focal laryngeal dystonia (spastic dysphonia). Ann Otol Rhinol Laryngol 1985;94:591-4



Spasmodic Dysphonia Etiology

Primary Dystonia

12% Family History

Botulinum Toxin Management of Spasmodic Dysphonia (Laryngeal Dystonia): A 12-year experience in more than 900 patients. Blitzer A, Brin MF, Stewart CF. Laryngoscope 108:1435-1441, 1998

35% abnormal ABR

47% abnormal parasympathetic vagal functioning

76% abnormal SPECT scans



Spasmodic Dysphonia

Incidence is 1:100,000

Average Age of Onset: 40's - 50's

Female:Male 3:1

16% will have spread to other body parts

27% dystonic patient have laryngeal involvement



Spasmodic Dysphonia Characteristics

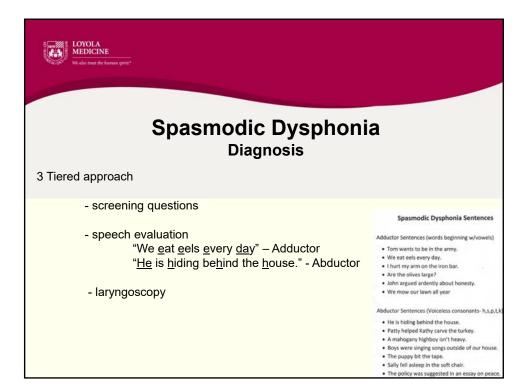
Hyperfunctional spasms of the intrinsic laryngeal musculature

Task induced

Types:

Adductor – most common?

Abductor Mixed

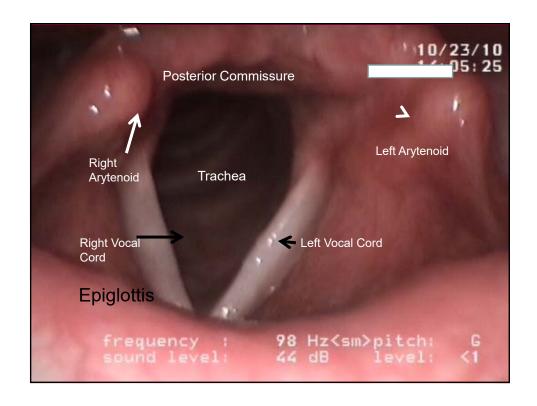


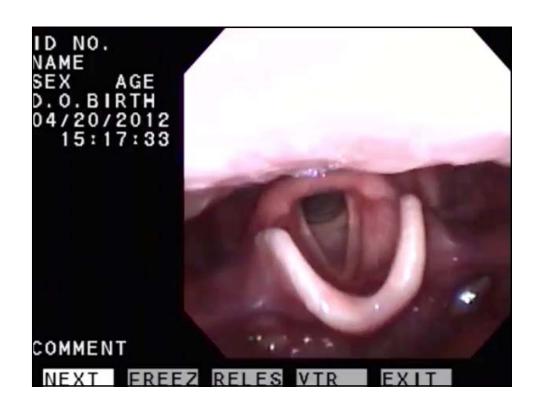






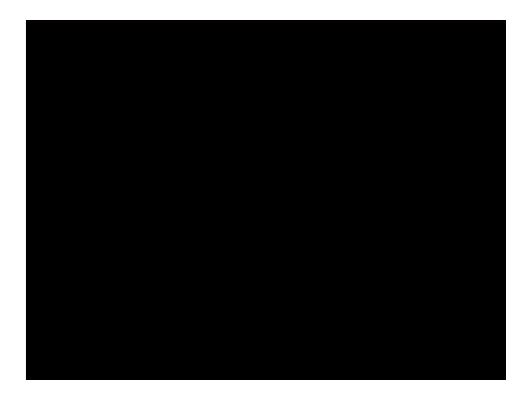












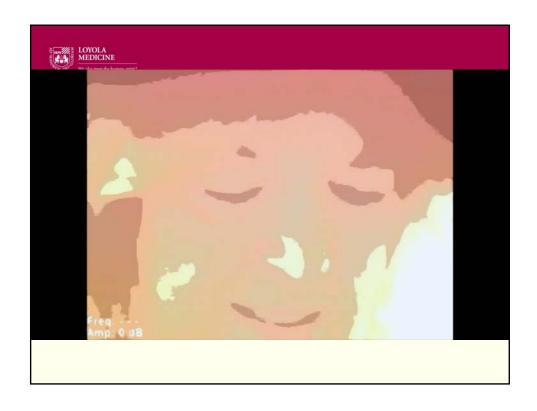


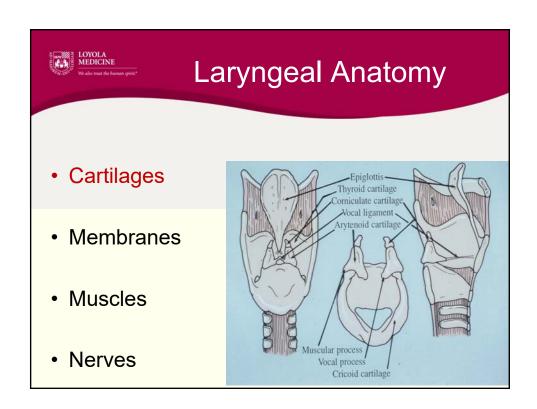


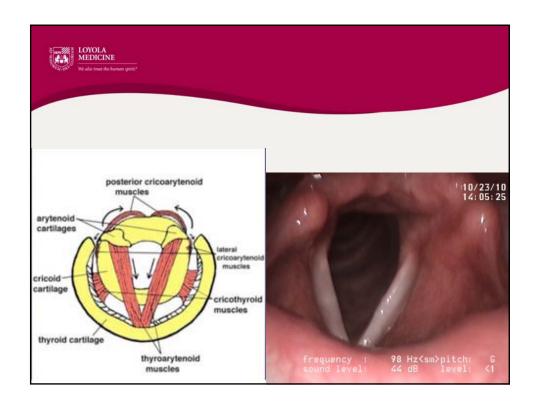
WHAT IS YOUR DIAGNOSIS?

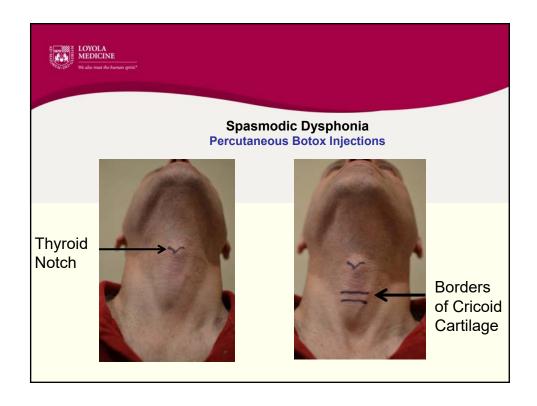
66 year old female

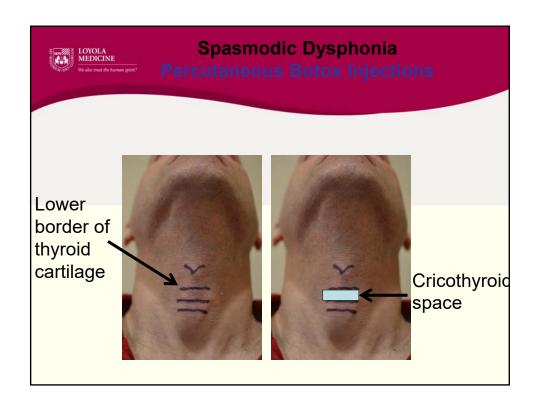
- 2-3 year history of upper extremity tremors diagnosed as essential tremor
- 1 year history of hoarseness also described as a tremor
- No other significant PMH

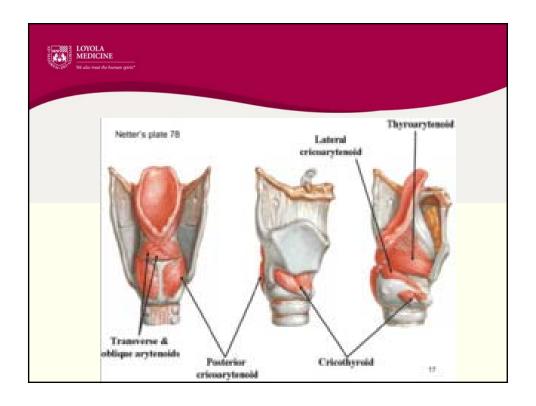


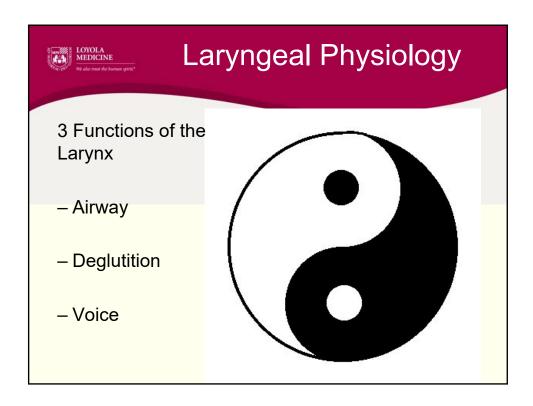




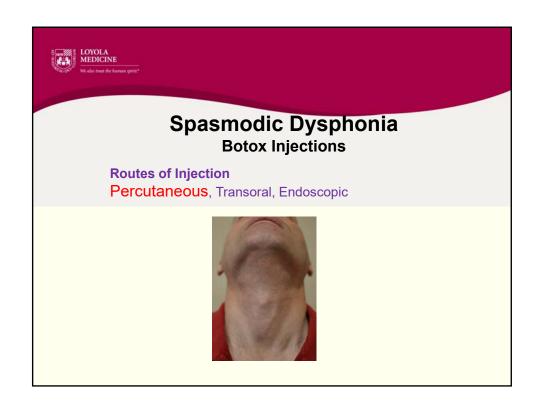


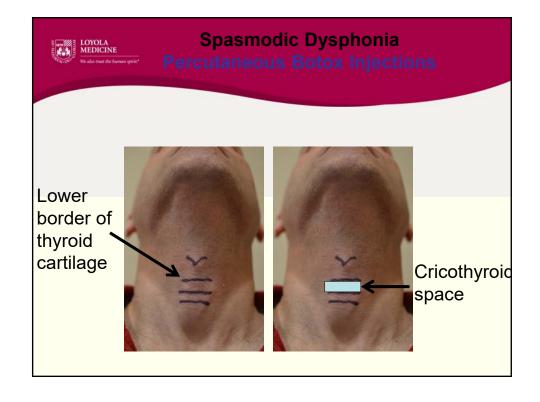


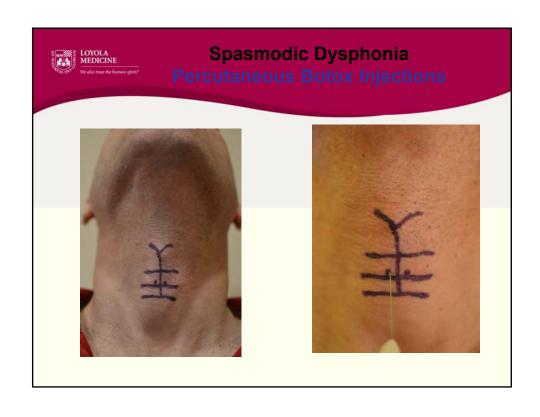


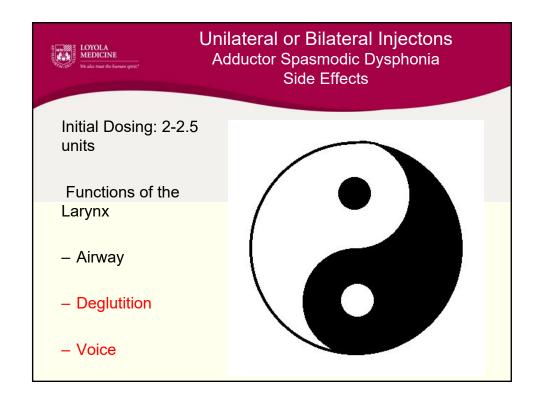


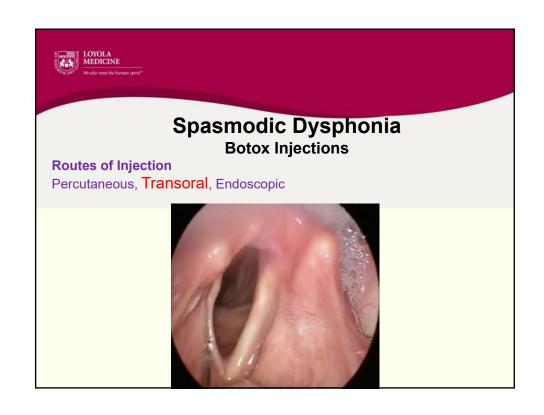


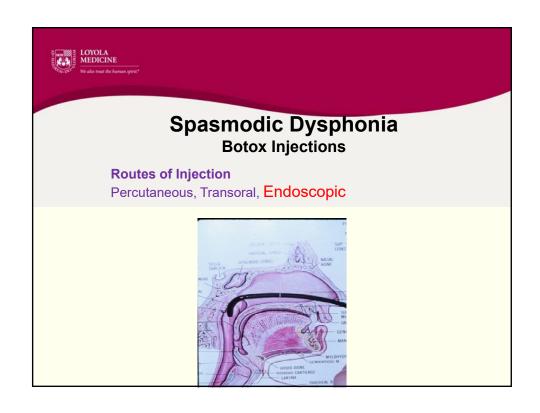


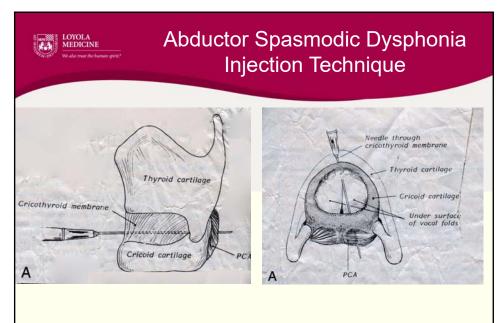












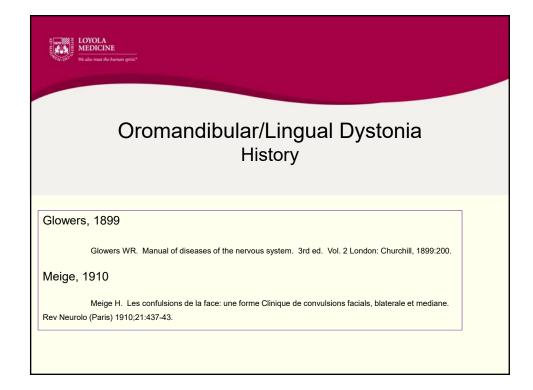
Meleca RJ, Hogikyan ND, Bastian RW: A comparison of methods of botulinum toxin injection for abductory spasmodic dysphonia. Otolarynol Head Neck Surg, 117;487-192, 1997



Berke, GS, et. al. Laryngeal Adductor Denervation- Reinnervation: A New Surgical Treatment for Adductor Spasmodic Dysphonia. Ann Otol Rhinol Laryngol; Mar 108(3):227-231, 1999.

Thyroplasty Type II







Oromandibular/Lingual Dystonia

Average Age of Onset: 50

Female: Male: 2:1

Workup:

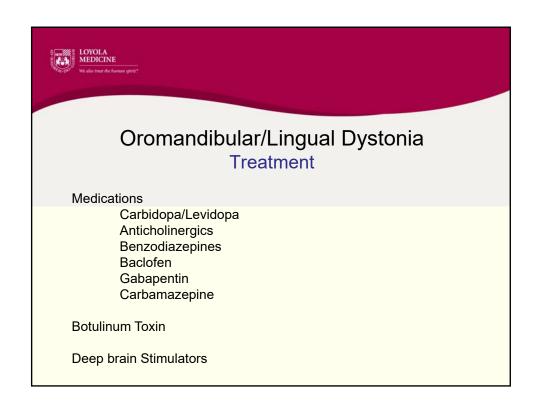
H & P MRI

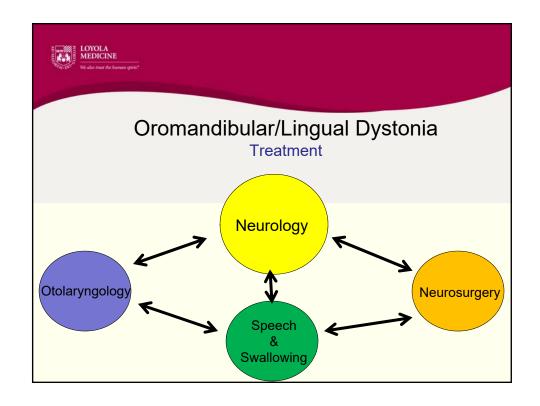
blood tests (ceruloplasmin)

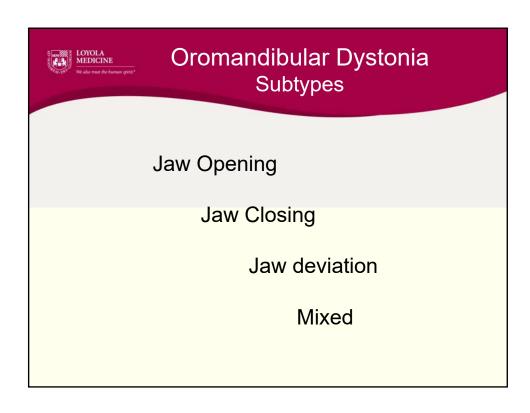
What do we know from the literature regarding swallowing problems associated with oromandibular dystonias?

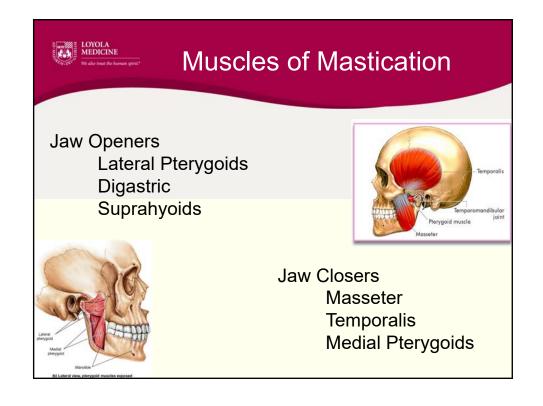
- Not much....
- Study: 15% of oromandibular dystonic patients had "eating" issues
 - Chewing to swallowing transitional phase
 - Loss of rhythmicity of chewing
 - Excess duration of muscle activity during chewing
 - Mascia MM, Valls-Sole J, Marti MJ, Sanz S. Chewing pattern in patients with Meige's syndrome. Movement Disorders, 20, 26-33, 2005.
 - Study: 90% patients with blepharospasm had at least one swallowing abnormality
 - · Premature spillage
 - Postswallow pharyngeal residue
 - Cersosimo MG, Juri S, Suarez de Chandler S, Clerici R, Micheli SE. Swallowing disorders in patients with blepharospasm. Medicina 65, 117-120, 2005.

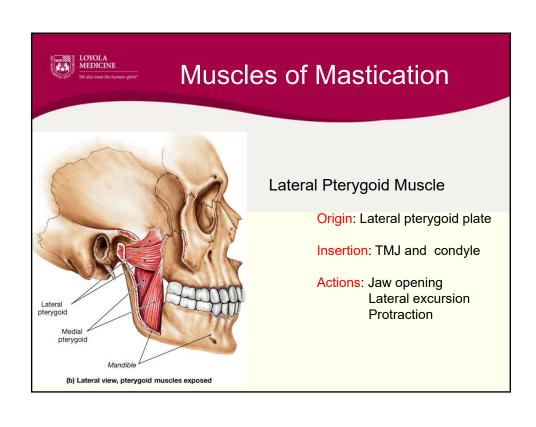
Steven J Charous, MD, FACS

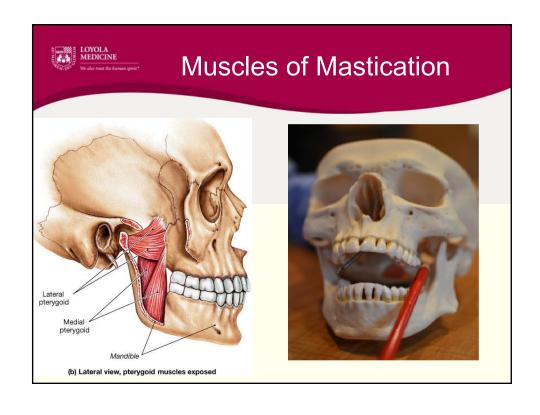




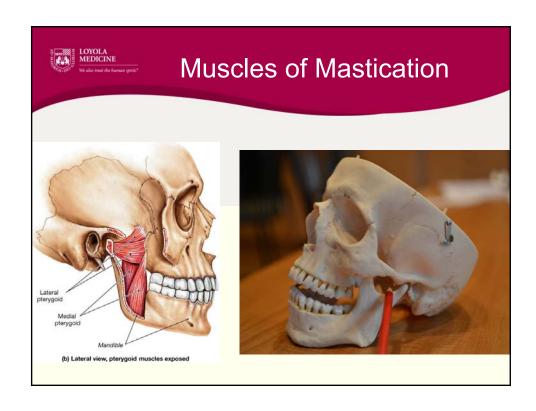


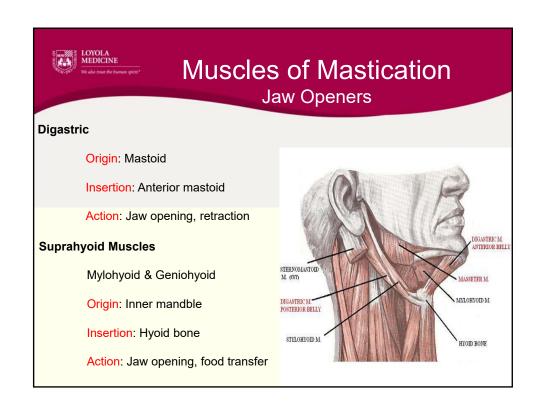


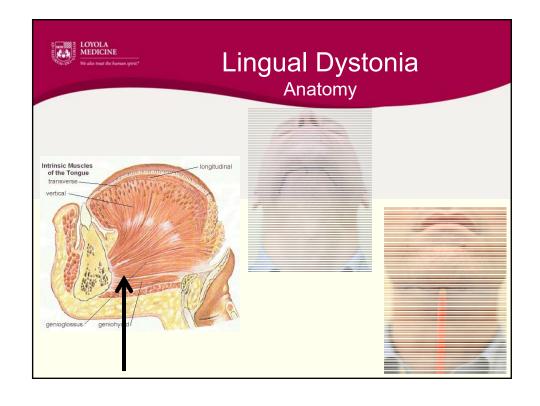


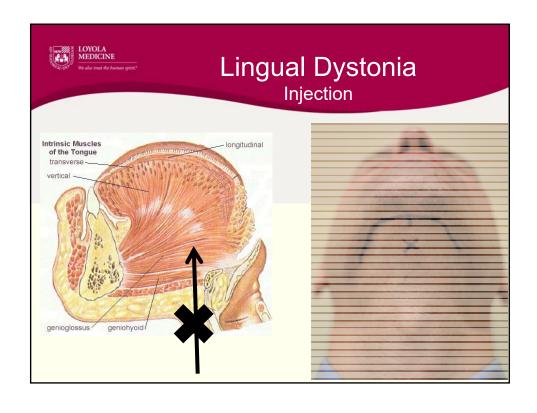


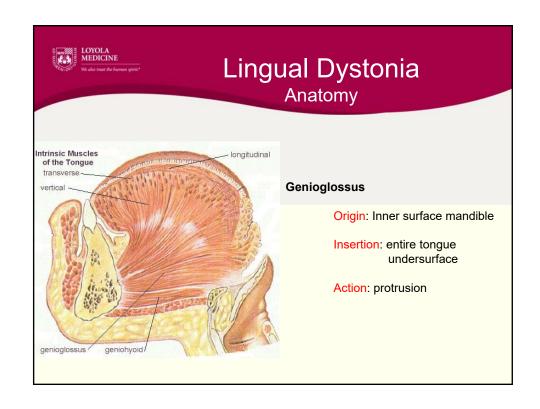
















Jaw Closing Dystonia

Jaw Closing Muscles:

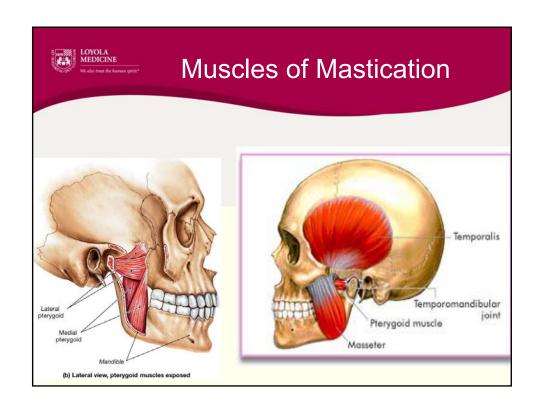
Masseters Temporalis Medial Ptyergoids

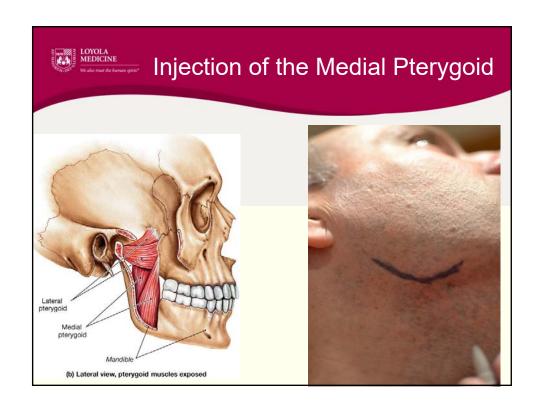
Dosing:

25 – 50 units per muscle starting dose Can increase to 75 or ? units per muscle

Order of Muscle Injection Trials:

- 1) Masseter
- 2) Temporalis
- 3) Medial Ptyergoid









Injecting for Mixed Oromandibular Dystonia

Difficult to Treat

Attempt the predominant symptoms first

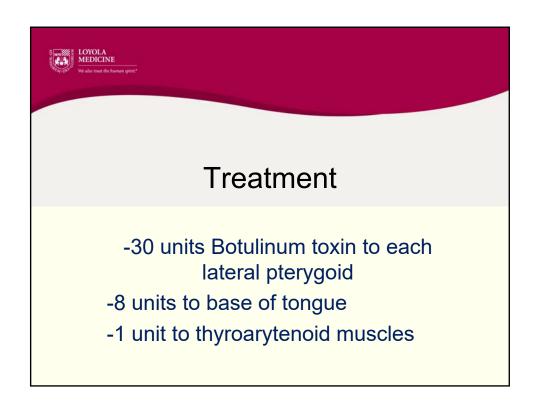
Be flexible and consider alternate muscles and changing doses

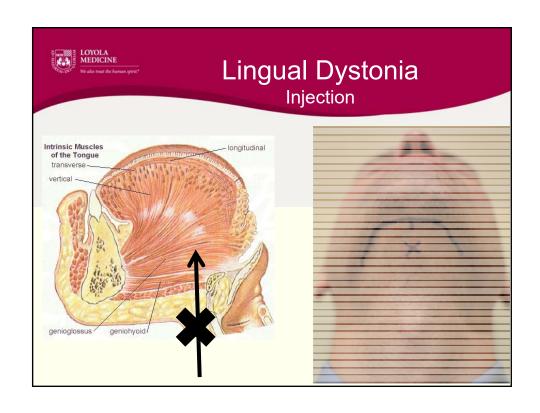


63 yr old male

- -50 yr history of facial tics, more recent years treated with botulinum toxin for blepharospasm
- 3 month history of breath holding and shortness of breath, denies neck/throat spasms
- -treated with klonopin without relief









1. Watch, Listen, and Palpate your patient

Conclusions

- 2. Know your **Anatomy**
- 3. Know your **Physiology**
- 4. Work with a Team