

Tardive dystonia is a movement disorder related to the use of dopamine-receptor-blocking drugs. Several reports have shown that deep brain stimulation of the globus pallidus internus (GPi-DBS) is effective in treating tardive dystonia. However, a few reports demonstrated the efficacy of ablation of the GPi (pallidotomy). We herein report a case of tardive dystonia successfully treated with bilateral pallidotomy. A 32-year-old man developed severe tardive dystonia 10 years after the chronic use of antipsychotic drugs. Withdrawal of the drugs and botulinum toxin injections were ineffective. The patient underwent bilateral pallidotomy for tardive dystonia because of rejection of the implanted DBS devices. Significant improvement was observed, with a 95% decrease in the Burke-Fahn-Marsden Dystonia Rating Scale (BFMDRS) movement score, and no severe adverse events occurred. Symptomatic relief persisted for nine months. Pallidotomy is a feasible and efficacious procedure for tardive dystonia treatment without the use of hardware implantations ¹⁾.

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Kohara K, Taira T, Horisawa S, Hanada T, Kawamata T. [Bilateral Pallidotomy for Tardive Dystonia: A Case Report]. No Shinkei Geka. 2017 Nov;45(11):971-976. doi: 10.11477/mf.1436203631. Japanese. PubMed PMID: 29172202.

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