



Pediatric Neurology Part I: Chapter 19. Treatment of movement disorders in dystonia-choreoaththosis cerebral palsy (Handbook of Clinical Neurology)

Marie Vidailhet

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Symptomatic treatment of cerebral palsy (CP) is difficult, with variable beneficial effect. The choice of therapy is guided by the main clinical features (spasticity, dystonia/choreoathetosis), by the experience of experts, and by the results of open-label trials and a few controlled studies. Treatments of spasticity are not discussed in depth here. From open-label trials and a few controlled studies in dystonia/choreoathetosis CP, it appears that treatment should be started at a low dose and increased slowly, and that more beneficial effects are obtained on upper extremity function, face and jaw dystonia and drooling, and in children. L-Baclofen or antiepileptic drugs are rarely effective and poorly tolerated whereas benzodiazepines may be moderately helpful. Local injections of botulinum toxin help to reduce pain and limit the amplitude of some movements (violent neck movements with high risk of symptomatic radiculomyelopathy). In a rare subtype of dystonia-choreathetosis CP with little spasticity and MRI lesions, bilateral pallidal stimulation (GPi) has shown mild to moderate improvement of dystonia (in open-label small series and in one controlled study) with no cognitive or mood adverse effects. Optimal placement of the leads was a major (but not exclusive) factor for good outcome but results cannot be predicted on an individual basis and larger studies are needed.

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