



Figure 1. Patient with dropped head

ΠΤΩΣΗ ΚΕΦΑΛΗΣ

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DROPPED HEAD SYNDROME

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We present a case of an 83-y.o. male patient with dropped head syndrome (Figure 1). Since 18 months he complained of difficulty maintaining erect head and neck position, speech difficulty and dysphagia. Since two months the family reported difficulty in swallowing liquid and solid food.

Upon neurological examination he had palmomental reflexes, exaggerated deep tendon reflexes bilaterally with flexor plantar responses, first dorsal interosseous muscle atrophy bilaterally, severe neck extensor weakness and fasciculations of the tongue.

Brain and cervical spine MRI, hematology, blood chemistry and thyroid blood panel were unremarkable.

Electromyography of biceps brachii, trapezius, first dorsal interosseous, tibialis anterior and extensor digitorum muscles was indicative of multisegmental denervation compatible with diffuse anterior horn degeneration.

Dropped head syndrome has been reported in amyotrophic lateral sclerosis (ALS) and myasthenia gravis (MG), in small case series. Less frequent underlying diseases presenting with the syndrome include inflammatory myositis or inclusion body myositis, nemaline myopathy, isolated neck extensor myopathy and multiple system atrophy.(1)

Acknowledgments

We state that there is no conflict of interest.
We state that the patient gave informed consent to publish the picture.

References

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