



Figure. Photographs taken 1 month after the inciting vascular surgery demonstrate healing without infection (A), but swelling and mild varus deviation of the right foot (B), indicative of early autonomic and motor signs of complex regional pain syndrome. At 3 years postoperatively, her dystonia is severe and disabling (C), necessitating crutches for walking. A video depicting this patient's accompanying bilateral tremor accompanies this case (see video clip 1 on the Neurology Web site).

VIDEO Progression of dystonia in complex regional pain syndrome

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A healthy woman aged 35 years underwent uneventful stripping of a varicose right saphenous vein. Severe right lower-leg pain and muscle spasms appeared immediately postoperatively. Reflex sympathetic dystrophy was diagnosed 7 weeks postoperatively.¹ Electrophysiologic study 9 weeks postoperatively demon-

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strated unobtainable sural responses and gastrocnemius denervation on the right. Lumbosacral MRI revealed no abnormalities. Serial radiologic examinations documented progressive right-foot osteopenia. Her dystonia worsened and spread proximally, affecting her lumbosacral spine; tremor developed in the contralateral foot. These serial photographs (figure) illustrate progression of the dystonia that is increasingly recognized as part of complex regional pain syndrome (CRPS), particularly in patients with HLA-DR13 (see video clip 1 on the *Neurology* Web site at www.neurology.org).² The case demonstrates that motor dysfunction in CRPS can begin immediately after the causative event, supporting other evidence that neither disuse nor psychological factors are primary causes.

1. Schwartzman RJ, Kerrigan J. The movement disorder of reflex sympathetic dystrophy. *Neurology* 1990;40:57-61.
2. van Hilten JJ, van de Beek WJ, Roep BO. Multifocal or generalized tonic dystonia of complex regional pain syndrome: a distinct clinical entity associated with HLA-DR13. *Ann Neurol* 2000;48:113-116.