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TOURETTE SYNDROME (TS) MIMICKING TARDIVE DYSTONIA

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Tourette syndrome (TS) is a neurodevelopmental disorder characterized by early onset motor and vocal tics. Tics are brief, stereotypical, repetitive and non-rhythmic movements or phonations that typically follow a waxing and waning pattern of severity, intensity and frequency; they can be distinguished from other hyperkinetic movement disorders on the basis of their temporary voluntary suppression. TS should be differentiated from various movement disorders. We report a case of a young man who presented with torticollis, which was eventually attributed to TS.

Case report

A 21-year-old man was admitted to our clinic due to treatment resistant cervical dystonia attributed to neuroleptics. During the last five years he had been treated for depressed mood, somatic delusions and aggressive behaviour. He had been given SSRIs and atypical antipsychotics at low doses; six months prior to his admission he had been switched to risperidone.

Present clinical examination revealed torticollis, motor stereotypies, vocal tics (sniffing, repetition of words), mental koprolalia and obsessive-compulsive symptoms. He complained of repetitive intrusive thoughts of harming his sister and thoughts of a 'delusional' nature regarding somatic complaints were also present. The patient was diagnosed as TS and was successfully treated accordingly.

TS can mimic many hyperkinetic states. Whether patients with TS are at higher risk of developing dystonia, or tics and dystonia share a common pathophysiological mechanism (dopamine-inhibiting processes are probably involved in both conditions) is still debatable.

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