

Uncontrollable cataplexies: have a look to the cervical spine

D. Cugy

Unité Hypnologie Clinique Bordeaux

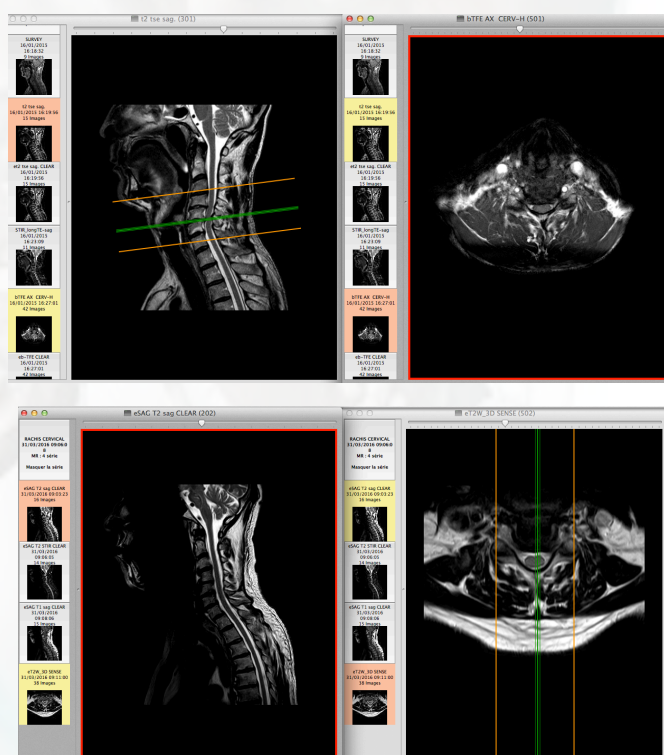
Objectives / Instruction: Cataplexy is defined as episodes of sudden loss of voluntary muscle tone triggered by emotions generally lasting <2 minutes. Cataplexy is most commonly associated with and considered pathognomonic for narcolepsy. The single pharmacotherapy indicated and recommended in first-line for cataplexy is sodium oxybate. There is no consensus for second-line treatment when cataplexies are not controlled.

Methods: Case report of two patients with uncontrolled cataplexies related to narcolepsy.

Results: Patients are male, aged 62 (P1) and 68 (P2) years old. They both have a HLA DR15 / DQ0602 phenotype. They have at least one episode of cataplexy per day. Both have benefited from a combination of arousing and anti-cataplectic treatment (1,2) (SSRI, Sodium Oxybate) but these treatments were not able to control cataplexies even after a dose escalation.

Alternative causes of cataplexies or cataplexy-like were searched (3).

Physical exam showed cervical stiffness. Cervical spine MRI revealed inversion of cervical spine curvature and important staged discopathies with cervical canal stenosis. Specific management of cervical pathology was proposed in addition to the treatment of narcolepsy and cataplexy. This was efficient and we observed a better control of cataplexy. In a very particular way, one patient described that he usually limited cataplexies frequency by walking practice.



Conclusions: In patients with uncontrolled cataplexies under Sodium Oxybate, cervical spine pathologies should be considered, especially if cervical spine is stiff or patient reports an improvement with changing posture or walking. Treatment of associated pathologies appears a consistent way to enhance narcolepsy treatment.

Disclosure: Nothing to disclose

References:

(1) <https://www.ncbi.nlm.nih.gov/pubmed/26715865>

(2) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5611768/>

(3) <https://www.ncbi.nlm.nih.gov/pubmed/1115663> (Sleep attacks--apparent relationship to atlantoaxial dislocation)