Inflammatory myopathy presenting as head drop

Head drop is an abnormal forward flexion of the cervical spine that increases while standing and typically disappears in the supine position. Patients are able to straighten their head with the aid of a support.

An 80-year-old woman presented with a 2-month history of mechanical back pain, weight loss and difficulty in standing up straight. Physical examination showed an involuntary neck flexion in orthostatism that resolved in supine position (Figure 1). We found elevated levels of creatine kinase, antinuclear antibodies and a pulmonary fibrosis. Deltoid muscle biopsy showed inflammatory myopathy.

Head drop is a clinical syndrome characterised by progressive weakness of the spinal extensor muscles due to fatty infiltration of paravertebral muscles or increased tone of the flexor muscles, associated with various neuro-muscular diseases (myasthenia gravis, amyotrophic lateral sclerosis …) [1]. Other causes include notably inflammatory myopathies described by Troyanov [2, 3]. Our patient presented autoimmune inflammatory myositis associated with positive auto-antibodies and pulmonary fibrosis, suggesting overlap myositis.

Key points
- Head drop and camptocormia, muscular symptoms affecting the elderly, may reveal various pathologies.
- An aetiological investigation is necessary in order to propose appropriate diagnostic and therapeutic management.
- We report a case of head drop suggesting inflammatory myopathy in an 80-year-old woman.

References


Figure 1. Improvement in muscle strength and regression of head drop after 4 months of corticosteroid therapy.