USEFULNESS OF PROPOFOL IN TORTICOLLIS

Sir,—Some authors have reported some degree of neuro-muscular block associated with the administration of propofol [1], but others were not able to demonstrate any of these properties [2]. Recently, we have demonstrated that propofol is a suitable drug for sedation in patients with tetanus [3]. In particular, we were impressed by the degree of muscular relaxation provided by propofol in this clinical setting. We have administered propofol in two young adults suffering torticollis not relieved by the usual treatment. Clinical manifestations of torticollis are mainly caused by muscular contraction.

The first patient was a woman of 30 yr who suffered for 2 days from torticollis which was not relieved despite chloromazenone 4 × 100 mg and paracetamol 4 × 500 mg orally. Cervical spine x-ray and physical examination were unremarkable, except for tenderness of the neck muscles. She could not turn the head to either side and flexion and extension of the head were limited by pain. She received propofol 2 × 10 mg i.v. at an interval of 5 min. Ten minutes later she had improved and was able to move the head to both sides. Flexion of the head was possible but full extension was still limited by slight pain. Pain on a visual analogue scale decreased from 5 to 2. She was otherwise pain free for the whole day. The following morning, as pain reappeared, she received another bolus of propofol 10 mg i.v. Rapid improvement appeared within 15 min. Degree of sedation was not modified by administration of propofol.

The second patient was a 24-yr-old woman suffering for 3 days from torticollis. Cervical spine x-ray and physical examination were unremarkable. Moving the head to the left was impossible. No improvement was noticed despite chloromazenone 4 × 100 mg day⁻¹ orally and mefanimic acid 3 × 250 mg day⁻¹ orally. The patient received propofol 10 mg i.v. and, within 5 min, she felt improved, but still had some difficulty in turning the head to the left. She received a second dose of propofol 10 mg i.v. and 10 min later, was able to move the head almost completely to the left; pain on a visual analogue scale decreased from 5 to 1. Sedation was not modified.

These observations led us to think that propofol might be useful in the treatment of the acute phase of torticollis, and they show that propofol induces muscular relaxation, which seems to be efficient particularly when muscular spasm, contractions or rigidity are present [3]. Further studies to confirm these observations are welcomed.

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REFERENCES