

VOCAL TIC (CASE FROM PRACTICE)

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ABSTRACT: We examined an inpatient patient who was admitted to the Otorhinolaryngology Department of the ASMI clinics with complaints of involuntary movements in the form of grunting, during the day, ceasing at night during sleep. With the appointment of topiromat preparations (topepsil 100 mg / day), in addition to the taken tiapride (tiaprosan at a dosage of 200 mg / day), a decrease and disappearance of vocal tics was noted in several days. The described features inherent in vocal tics allow us to conclude that the combined use of anticonvulsants and tiapriides is effective in treating patients with extensive use of the frontostriatal systems.

KEYWORDS: Vocal Tic, Tourette's Syndrome, Hereditary Tics In Adults.

Аннотация: Нами была обследована стационарная больная поступившая в Оторинолорическое отделение клиник АГМИ с жалобами непроизвольные движения в виде похрюкивания, в течение дня, прекращающиеся ночью во время сна. При назначении препаратов топиромата (топепсил 100 мг/сут) дополнительно к принимаемому тиаприду (тиапросан в дозировке 200 мг/сут) отмечалось снижение и исчезновение вокальных тиков в течение нескольких дней. Описанные особенности, присущие вокальным тикам позволяют сделать вывод, что при лечении больных с обширным вовлечением фронтостриарных систем эффективно комбинированное применение антиконвульсантов и тиапридов.

Ключевые слова: вокальный тик, синдром Туретта, наследственные тики у взрослых.

INTRODUCTION

Tics are one of the most common extrapyramidal syndromes in clinical practice. Tics in adults in the vast majority of cases begin in childhood and adolescence in the absence of anamnestic, clinical or paraclinical signs of any other disease and belong to the so-called primary tics. In accordance with the ICD-10 classification, the following clinical forms of primary tics are distinguished: 1) transient tics (motor vocal tics), persisting no more than 1 year, 2) chronic motor or vocal tics (single multiple tics), persisting without prolonged remissions for more than 1 year, 3) Tourette's syndrome - a combination of multiple motor tics with one or more vocal tics (not necessarily at the same time), persisting without long-term remissions for more than 1 year.

Tics in adults most often represent chronic motor tics or Tourette's syndrome, which many authors consider to be two forms of the same disease associated with impaired maturation of the fronto-striatal-limbic systems. The basis, apparently, is a hereditary defect, which, however, has not yet been identified. Much less frequently, tics in adults are secondary in nature and are caused by perinatal brain damage, side effects of drugs (neuroleptics, psychostimulants, etc.), stroke, encephalitis or traumatic brain injury affecting the structures of the striatum, as well as neurodegenerative diseases (such as neuroacanthocytosis or

progressive supranuclear palsy). The so-called neurotic (psychogenic) tics are rare, more often in patients with hysteria, but they are often mistakenly diagnosed in patients with neurothetania caused by hyperventilation syndrome or benign myoclonus of the eyelids.

MAIN PART

Despite the fact that tics, as a rule, do not disturb voluntary movements, they have an

unfavorable histological effect on patients, sharply complicate their adaptation in a team, public activity. The most pronounced misadjusting effect in vocal tics. Vocal tics - spread to the vocal cords and are manifested by incoherent screams, shouting out words and various sounds, loud sighs, coughing or even grunting.

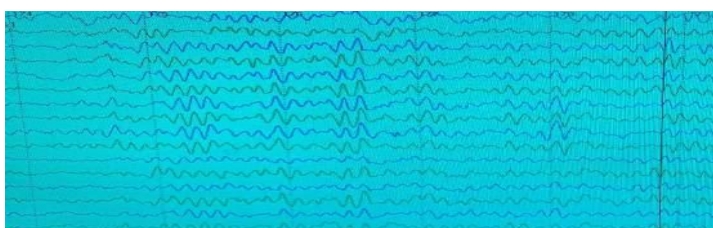
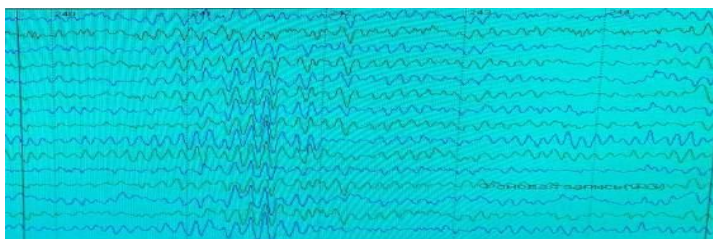
Vocal or sound tics are the involuntary pronunciation of sounds, noises, words, or sentences.

Simple vocal tics include coughing, throat clearing, wheezing, squeaking, or loud screams. More complex vocal tics involve involuntary vocalizations in the form of syllables, words, and sentences. Social maladjustment is aggravated by concomitant mental disorders: obsessive-compulsive disorder and attention disorder and hyperactivity disorder. In this regard, chronic tics should be considered a psychomotor disorder. When assessing the severity of chronic tics and, above all, Tourette's syndrome, it is important to take into account not only the nature, frequency, severity and prevalence of hyperkinesis, but also concomitant mental and behavioral disorders, the ability to self-control, the degree of social maladjustment of the patient, his ability to learn and work. With age, the severity of hyperkinesis in primary chronic tics can weaken: in about a third of patients, tics regress, in a third, they are significantly weakened, but in the remaining third they persist, although the severity may change. As the patient grows older, the ratio of movement disorders and concomitant mental disorders can also change, so each clinical observation is of interest. Clinical observation. Patient K.A. 44 years old. Case history 9363/433. Received on 14.10.2023 at the ENT department of the ASMI clinics with complaints of involuntary movements in the form of grunting, lasting up to 5 minutes, during the day from 10 to 15 times. From the anamnesis: the patient was born to parents suffering from a malignant form of hypertension, the pregnancy proceeded without pathology, the delivery was on time. She grew and developed normally, keeping up with her peers. According to the patient, the disease began 15 days ago, when grunting appeared for the first time lasting no more than a minute 5-6 times a day. Then the frequency of involuntary vocal tics increased, with the tick duration increasing to 5 minutes. The patient does not associate the disease with anything, but according to the patient 20 days ago there was a psycho emotional overstrain, to which she did not betray much importance. Also, the patient periodically increases blood pressure, which she reduces by taking green tea with lemon.

In connection with the above, the patient went to inpatient treatment at the ENT department, where, after examination by the attending physician, a consultation with a neurologist was appointed. Patient of correct physique, moderate nutrition. The skin is usually colored with a tendency to redness. No bone abnormalities. The accent of the II tone on the aorta is heard, the heartbeat is rhythmic. Blood pressure - 150-100 / 140-79 mm Hg. There is vesicular breathing in the lungs, no wheezing. The abdomen is soft and painless on palpation. The tapping symptom is negative on both sides. Neurological status: the patient is conscious,

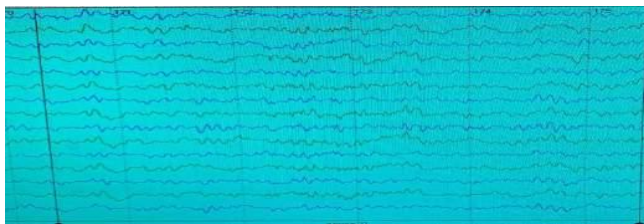
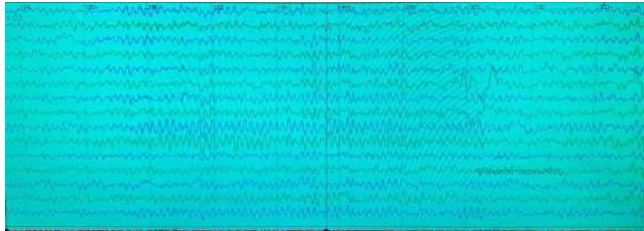
oriented in place, time, self. No cognitive impairment. Emotionally labile. There are no meningeal signs. Cranial innervation - movement of the eyeballs in full, no nystagmus, no strabismus. The face is symmetrical, the functions of the masticatory and facial muscles are not impaired. The tongue is in the midline, the soft palate is symmetrical during phonation, mobile, the voice is loud. The motor sphere: muscle strength in the proximal and distal regions is 5 points, active and passive movements in the limbs are not limited. The muscle tone of the limbs is not changed. Tendon reflexes are symmetrical and lively. Pathological reflexes such as sucking, the palmomental reflex of MarinescoRodovici, upper Rossolimo's sign are positive. Performs dynamic coordination tests without ataxia. She is stable in the Romberg position. Superficial and deep sensitivity are preserved. Pelvic functions are not impaired.

General urine analysis: color-yellow; transparency - complete, protein - traces, epithelium - 6-7- 7, leukocytes - 1-3-2, mucus +, uric acid salts; rheumatoid factor - neg, C / reactive protein -; Biochemical blood analysis: calcium - 1.80 mmol / l [norm (N) - 2.02-2.60]; cholesterol - 4.8 mmol / l (N-3.7-5.2); triglycerides - 1.2 mmol / l (N-0.1-1.1); glucose - 4.2 mmol / l (N-2.5-4.7); General blood analysis: Hb-96.4 g / l; erythrocytes - 3.4 g / l; Color indicator - 0.7; Leukocytes - 6.5 g / l; neutrophils: stab-8%; Blood coagulability 335-350; segmented -74%; Eosinophils - 1%; Lymphocytes - 15%; Myelocytes -1%; ESR -12 mm / h. ECG: the sinus rhythm is correct, the normal position of the el. heart axis, left ventricular hypertrophy, myocardial hypoxia; Ultrasound: the liver is not enlarged, the gallbladder is deformed, there are no calculi. Kidneys - clear contours, deformation of the calyx-pelvis system, amplification of echo signals. The spleen is not enlarged. Bladder, uterus without features. Electroencephalographic study - Interhemispheric asymmetry. Paroxysmal slow-wave activity emanating from the deep structures of the brain against a background of moderate cerebral changes. Reducing the threshold of convulsive readiness of the brain.

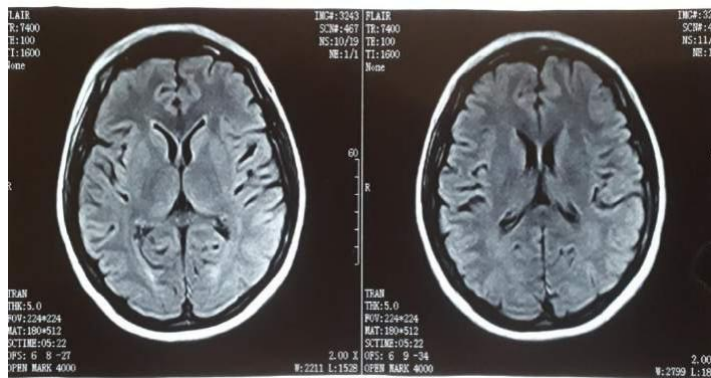


EEG STUDY BY THE BACKGROUND OF THE TREATMENT IN DYNAMICS

(AFTER 12 DAYS):



Magnetic resonance tomographic study - Indirect signs of intracranial hypertension. Signs of vascular insufficiency.



The patient was prescribed a "mild" neuroleptic - tiapride at a dosage of 200 mg per day (tiaprosan at a dose of 100 mg in the morning, 100 mg at lunchtime), after 8 days, upon repeated examination, the patient noted a slight improvement in the form of breaks lasting 10-15 minutes. Additionally, after an MRI study, topiromat was prescribed at a dose of 100 mg per day (topepsil 100 mg in the evening). When prescribing topiromat preparations (topepsil 100 mg / day), in addition to the taken tiapride (tiaprosan at a dosage of 200 mg /

day), an paroxysmal course of vocal tics was noted, with their further cessation within several days.

CONCLUSION

Thus, the described features inherent in vocal tics allow us to conclude that in the treatment of patients with extensive involvement of the frontostriatal systems, the combined use of anticonvulsants and "mild" neuroleptics is effective.

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