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#### Letter to the Editor

Endoscopic-guided injection of botulinum toxin into the longus capitis muscle and into the obliquus superior part of the longus colli muscle in dystonic antecaput: Our experience



Cervical dystonia (CD) is the most commonly described dystonia. Since examinations of the muscle using imaging techniques were started [1], the classification of the phenomenological forms in 11 variants has been described: COL CAP Concept (CCC). Among them, the anterior forms (Antecaput [ACa] and Antecollis [ACo]) (Fig. 1; left, ACa; right, ACo) are the most difficult

to treat [2]. The ACo can be treated under imaging (CT, ultrasound) approximately at the 5th neck vertebra by botulinum toxin (BTX) injection in the pars obliqua inferior and the pars recta of the longus collis muscle (LCo) [3]. The injection of the ACa is more difficult. Here, the longus capitis muscle (LCa) and the pars obliqua superior of the LCo are often dystonic. Previously, these two muscles were not accessible for BTX treatment. The LCa, with its insertion at the pars basilaris of the os occipitale, is thickest in front of the first cervical vertebra. The pars obliqua superior of the LCo has its insertion at the tuberculum anterior atlantis and its origin at the tubercula anteriora of the transverse processes of the cervical vertebrae 3–5 (Fig. 2). An inspection of the

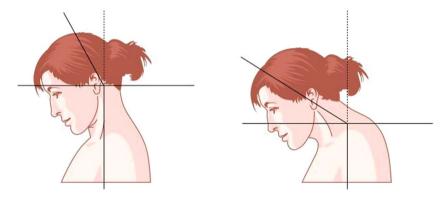


Fig. 1. Scheme of Antecaput [ACa] and Antecollis [ACo]) (left: ACa; right: ACo).



Fig 2. CT: Longus capitis muscle 1; pars obliqua superior of longus colli muscle 2.



Fig. 3. Autopsy: both muscles are visible after removal of the anterior cervical fascia: LCa lateral, pars obliqua superior of the LCo medial.



Fig 4. Endoscopia of a patient, who did not suffer from cervical dystonia.



Fig. 5. Hypertrophic muscles on each side in the area of the oropharynx; lateral the LCa and medial the pars obliqua of the LCo: cannula in the pars obliqua superior of the LCo.

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