Stiff Person Syndrome Presenting After the Initiation of Buspirone

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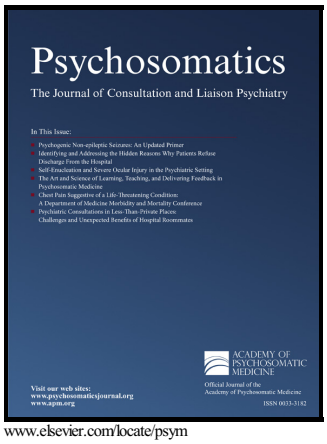

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Case Report

Title: Stiff Person Syndrome Presenting After the Initiation of Buspirone

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Introduction

Stiff Person Syndrome (*SPS, also known as Stiff-man Syndrome*) is a rare, potentially debilitating disease of uncertain etiology presenting with variable psychiatric and somatic symptoms that often leave the afflicted with no solid medical diagnosis and poorly controlled symptoms .[1-5] SPS was first described by Moersch and Woltman, who over 30 years of practice categorized 14 of their patients in a case series reporting a constellation of symptoms such as fluctuating muscular rigidity and spasticity.[1] Other reports with consistent findings were subsequently published in the same decade.[2] SPS's presentation is often associated with fluctuant states of emotion, which frequently results in patients being treated for the syndrome as a purely psychiatric disorder. This can cause delays in diagnosis and management[3] – in one reported case, the diagnosis of SPS being made 18 years after the symptom onset.[4] The hallmark clinical features of SPS are muscular rigidity with episodic spastic spells manifesting in appendicular and truncal muscle groups, with a propensity to affect the paraspinal and lower-back muscle groups. Patients may also exhibit autonomic instability in severe spells, including blood pressure fluctuations, tachycardia, diaphoresis and respiratory distress.[4] These spastic spells can be progressively debilitating, and can often have profound effects on mobility and overall quality of life. Environmental or emotional stimuli are often triggers, further complicating the