Letter to the Editor

Focal dystonia associated with pain

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Sir,

We applaud the solid article by Schrag *et al.* on the enigmatic syndrome of focal dystonia associated with pain, one that may follow physical trauma to a limb, in the absence of clinical and neurophysiological evidence of underlying neuropathology. In our experience dystonia or abnormal movements do not occur in comparable post-traumatic chronic pain patients who do harbour demonstrable neurological and neurophysiological equivalents of neuropathology ('CRPS II'). The positive motor phenomena and pain only occur in patients with medically unexplainable and largely subjective sensory loss or hyperalgesia and weakness of wilful movements of pseudoneurological identity (Verdugo and Ochoa, 2000; Verdugo *et al.*, 2004). A psychogenic nature for this disorder is now convincingly documented by Schrag *et al.*, based on psychoneurological evidence.

The fact that a number of these patients fit the descriptive term 'CRPS I' in no way challenges the psychopathological origin of the present condition, given that, after correcting for neglected differential diagnosis, the nonspecific profile of CRPS I can be shown to embrace disparate

neuropathologically based disease as well as psychopathologically based entities (Ochoa, 2002). Moreover, according to respected authorities CRPS I can only be understood as a pain syndrome or disease that is actively generated by the brain (Jänig, 2001), a concept which, as noted by Schrag *et al.*, is in keeping with recent evidence contributed by functional brain imaging studies.

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