

The Neck Tongue Syndrome

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ABSTRACT: The neck-tongue syndrome (NTS) is an uncommon syndrome, but possibly seen more often in chiropractors' offices than is realized. A brief history and description is provided along with four cases which presented to chiropractors, with a description of the response to chiropractic and medical treatment. (J Aust Chiropractors' Assoc. 1984; 14: 100-107)

KEYWORDS: Neck-tongue syndrome, adjustment, spinal manipulative therapy, second cervical spinal nerve, tongue paraesthesia, chiropractic therapy.

HISTORY

The first description of this condition was made by the medical spinal manipulator Cyriax.^{1,2} This predated the recognition and naming of this as a distinct syndrome by Lance and Anthony³ in 1980. Cyriax^{1,2} mentioned two cases of paraesthesia of half the tongue, without muscular weakness, which he attributed to involvement of the third cervical nerve root (Table 1, Cases a & b). He also described a similar case of pins and needles felt at the inferior surface of the tongue, which was associated with pins and needles in both feet; these symptoms were abolished by cervical manipulation.²

Cyriax² did not consider that there could be an involvement of the first or second cervical nerves, at least in the young before the onset of occipito-atlanto-axial arthrosis. Since there is no cervical disc at the level of the upper two nerves, he believed that symptoms in the C1 and C2 nerves were produced by extra-segmental reference from the dura mater caused by disc lesions at lower levels.

Lance and Anthony³ described NTS as a syndrome of nuchal or occipital pain, with or without associated numbness, accompanied by transient ipsilateral numbness of the tongue brought on by turning the head. Table 1 lists previous descriptions of NTS.

CASE DESCRIPTION

Four cases presenting to chiropractors are described.

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Case 1

In December 1983, a medical practitioner telephoned a colleague and asked him what he thought chiropractic care could do for a post-traumatic patient who, among other symptoms, complained of numbness on one side of the tongue. Trauma had consisted of being struck by a motor vehicle while riding his bicycle. Five days later at work, he received a blow on the head by a length of timber. Two or three days later, the tongue numbness appeared which the patient reported as similar to that felt when he had received a local anaesthetic from a dentist. On examination, various x-rays and tests were performed with no apparent indication of cause for the symptoms. Rotation of the head to the left was somewhat limited, and the patient held his head to the right. He had tenderness overlying the right mastoid.

On the first visit to the chiropractor, he was given a spinal adjustment to reduce atlas rotation. On the second visit, he was adjusted for right atlas posterior rotation and axis body pivot with a left spinous. On the third visit, the symptoms had totally disappeared. The axis was again adjusted as above. On the fourth visit (5 weeks after the first treatment), he was totally symptomatic and discharged. Four months after the first treatment, the patient was re-examined by the chiropractor, and the primary complaint had not returned. Head rotation and other tests appeared normal at that time.

Case 2

A 33-year-old typesetter presented in May 1983 to a chiropractor, complaining of neck, upper thoracic and trapezius pain and suboccipital headaches. She also described how sharp rotation of the neck would paralyze her tongue for about 5 seconds, and that this had been