Introduction—Uncontrolled spasticity poses a therapeutic challenge. Managing spasticity and spasms in patients with spinal cord injuries ignoring other putative diagnoses, can lead to an inappropriate increase of antispastic drugs and sometimes to the surgical implant of intrathecal baclofen (ITB) pump.

Case Report—A 48 year-old man with a Th4 AIS-A paraplegia secondary to gunshot wounds in 2004, was addressed to our spasticity consultation for uncontrolled spasms despite an ITB pump, implanted in 2007 and replaced in 2012 with a satisfying relief. Since 2014, he has been hampered by disabling spasms, occurring mostly when fishing, or lying down. X-rays showed a catheter's top extremity reaching Th11 level, and an indium scintigraphy revealed an appropriate baclofen infusion. MRI showed a stable syringomyelia. Between 2014 and 2015, the ITB flow was increased to 960µg/day in continuous mode without significant change. The catheter and pump were replaced. The infusion mode was secondary switched to discontinuous boluses, until a maximum of 1200µg/day by the end of 2016.

Our clinical evaluation revealed lower limbs spasms (Penn=3), but no irritative factors. An intrathecal baclofen injection via lumbar puncture had no effect on his symptoms. We got intrigued by the multiple awakenings caused by spontaneous spasms. We therefore conducted a nocturnal polysomnography, which revealed: periodic limb movements (PLM) index of 56 events per hours of sleep, and arousals of 15/h. A treatment with pramipexole was initiated at 0,18mg daily. Nocturnal spasms and recorded PLM significantly diminished. We lowered ITB doses to 375µg/day, without further complaints.

Conclusion—This is the first time PLM are identified as a differential for spasticity. Facing spasms prevailing at night or in the supine position, PLM must be sought before interpreting them as a non or partial response to antispastic drugs, keeping in mind that spasticity and PLM can be associated.