

## HNPB (Head, Neck, Pain, Disorder) Clinical Sign: A Possible, New Clinical Sign Suggesting Serious Underlying Pathology in Head or Neck

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### Abbreviations (if used)

HNPB (Head, Neck, Pain, Disorder)

### Introduction

We describe a possible new clinical sign, which could denote serious, underlying pathology in posterior cranial fossa, the clivus or in the upper part of neck. For practical purposes instead of writer's name as it is common, the given name indicates the presumably position of the underlying pathology and the main clinical symptom (HNPB: Head, Neck, Pain, Disorder). This clinical sign comprises of a peculiar kinetic behavior - continuous, rapid movements of the head from side to side and vice versa, with intense restlessness - as a result of unbearable neck pain and/or vertigo. A similar kinetic behavior was not found in the literature search (Pubmed included) as a clinical manifestation - sequelae of any underlying pathology [1-3].

The clinical and laboratory check (CT and MRI scan) of the described patients [3] revealed the following diagnosis (the confirmation of other pathological conditions should not be excluded in near future):

- existence of an extensive, invasive cervical lymphoma
- chordoma of the clivus
- cerebellar haemorrhage

## Discussion

Pain in head or neck with nuchal rigidity (neck stiffness) is a usual symptom in haemorrhagic stroke. Also painful syndromes have been reported in patients with lymphoma or chordoma due to pressure on trigeminal nerve, cervical plexus or roots and invasion to adjacent structures [4-8].

The aforementioned underlying pathology caused this peculiar, “motoric disorder”, with the continuous, rapid, unstoppable or impulsive, lateral movements of the head from side to side, as a reaction to intense neck pain and/or vertigo. The intense neck pain in the absence of objective neurological signs and symptoms in one case- except from a mentioned change in the tone of patient’s voice - could make difficult for the doctors in the emergency department to confirm a diagnosis [3]. A careful examination and differential diagnosis is needed to exclude conversion reaction or malingering, in order to eliminate the danger of pitfalls in daily clinical practice [9,10].

Assumptions can only be made about its possible mechanisms of provocation. In practice however, it could be considered (after confirmation by the testimony of other clinicians such as neurologists, neurosurgeons, otolaryngologists, oncologists, general practitioners etc.) as an indicative sign or manifestation of “underlying pathology” in the posterior cranial fossa, in the clivus or in the upper part of the neck. This knowledge could induce doctors to carry out a more thorough clinical-laboratory check in their daily clinical practice, either at private one or in the emergency departments in hospitals. Despite of his experience, the examining physician should not exclude the likelihood of underlying pathology coexistence with any kind of mental disorder, even if the initial neurological evaluation seems to be normal.

## Conclusion

HNPD clinical sign could be considered, as a possible, new clinical sign suggesting serious underlying pathology in head or neck. Certainly the clinical perspective, the usefulness and potentially limitations of this clinical sign must be estimated and confirmed by the testimony of other physicians, in order to become embodied in daily clinical practice.

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## Conflicts of Interests

There are no conflicts of interest.

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