dopaminérgicos, bloqueadores cálcicos, anticonvulsivantes, manganeso, monóxido de carbono y metanol. Generalmente producen distonía focal aguda de rápida recuperación al suspender el fármaco. Sin embargo puede existir también distonía tardía.

Causas infecciosas/post infecciosas. La encefalitis por anticuerpos anti receptores NMDA, la panencefalitis esclerosante subaguda y la encefalomielitis pueden mostrar clínica de distonía aguda o subaguda.[3]

Psicógena. Cuando el movimiento anormal no es clínicamente clasificable, pero se asemeja a la distonía,(pseudo distonía) debe sospecharse causa psicógena, la que se confirma por negatividad de neuroimágenes y análisis toxicológico.

CONCLUSIONES

Para abordar en forma certera las distonías en pediatría debe realizarse primero descarte de causas secundarias, lo cual se realiza esencialmente con la anamnesis detallada, semiología clínica, estudios toxicológicos y de neuroimagen. Si la clínica más las neuroimágenes son concordantes con determinadas enfermedades metabólicas/neurodegenerativas deberá realizarse estudios metabólicos complementarios. En casos de distonía con normalidad de todos los exámenes antes mencionados debe plantearse la causa primaria y eventualmente realizar estudio genético. De esta forma se puede definir mejor el pronóstico y tratamiento de las distonías.

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ABSTRACT. Dystonias, defined as simultaneous contractions of agonists and antagonists muscles, are expressed in children as abnormal movement or postural changes (dystonic hypertonia). There are pediatric transitional forms (benign and secondary to drugs) and permanent (sequelae, primary or heredodegenerative). The most common forms of dystonia in children is described, highlighting the most prevalent benign dystonia in infant of good performance, dystonia secondary to perinatal noxas (hyperbilirrubinemia, asphixia) or drugs; primary hereditary dystonias and heredodegenerative whose diagnosis allows management and suitable genetic counseling. Among the primary forms of dystonia include early onset DYT-1 and sensitive to dopa and between heredodegenerative disorders glutaric aciduria I and Leigh syndrome are highlighted. The thorough understanding of diverse forms of dystonia in children on the one hand allow direct studies correctly in severe cases to establish prognosis and management and also avoid unnecessary and costly studies in mild and benign pictures.

Keywords: *Children, Classification, Dystonia, Muscular dystonia.*