

## Sturge Weber Syndrome and CranioSacral Therapy

**By: Maggie Gliksten**

**PERSONAL:** 2yo, Female

**HISTORY:** Born with Sturge Weber Syndrome, right side port wine lesion. Right eye congenital glaucoma. Left side weakness. Recurrent seizure pattern. Left side focal. Left side hemiparesis evident; fisting of left hand.

**Length or treatment by others:** from the age of 7 months this little girl has had on going physiotherapy, and occupational therapy. She is now 2 years of age.

**Frequency:** This little girl would be seen by physiotherapy on a once a month basis, and occupational therapy on a needs basis.

**Evaluation:** It considered that this little girl would need on going therapeutic intervention because of her left side weakness and also laser treatment for the port wine lesion on the right side of her face. She will be considered to be on seizure medication for life.

**Findings:** This little girl had very poor tone in her trunk and was unable to sit, crawl or pull herself to standing. Left side hemiparesis evident, with fisting of left hand. Intercranial membranes appeared to be weak on the side of the lesion, and trigeminal nerve was distressed in the same local. Left side temporal area quite restricted and in a flexion pattern. Also felt that the area under the frontal bone needed plenty of work, because of a stiffness felt in the cerebral cortex. All cranial sutures felt very tight and immobile. This little girl also had a tendency to put her head to one side, ie: the right side causing an imbalance in the neck tone as well. Although not a torticollis. Her CIB was compromised on the right side as well. Drooling was also in evidence, although not excessive. CR was steady but not very robust and range was small and limited. Facial restrictions on left leg, and arm, as well as on the trunk area.

**Tools Used:** Started this client, with dural tube rock, and glide as well as diaphragm techniques. Especially the thoracic diaphragm. Modified CIB. Frontal lift suitable for her age and size. Direction of energy through the cerebral cortex. Trigeminal work which consisted of direction of energy as well and external zygomatic release. Temporal mobilization, again appropriate to the child's size and age. Also parietal releases along with global cranial mobilization. Direction of energy on the right eye.

**Objective Results:** This little girl demonstrated that she liked the treatment straight away. After her first treatment she had a CR which was much better than at the start of the session. As we progressed, her treatments into more hand on head work she would lean into my hands to get the pressure right for herself. Soon there was movement in the temporal bones and her seizures stopped altogether and so did the drooling. Although she is still being maintained on epileptic medication, she has not had a seizure for the past 14 months. The port wine lesion on the right side of her face has appears to be getting lighter, although it will darken when upset, ie; when getting a tooth. This little girl is now walking unassisted. Her left side is catching up to her right side and she uses both hands equally. She is a very curious little girl and so far appears not to have any intellectual difficulties. The sutures appear to be more mobile, and the cerebral cortex appears to be much less stiff.

**Subjective Results:** It is my opinion that with out CST this little girl would not have progressed as well as she has. With just the physiotherapy and occupational she would have become mobile, however the seizure pattern would, in my opinion, stayed the same. Her left side hemi would not have improved to the level at which it is now and still improving. The port wine lesion would not have had the level of improvement has now. The fact that this child is not displaying any intellectual difficulties I also feel has a lot to do with the early introduction of CST.

**Average Length of Session:** One hour.

**Number of sessions:** 8 per year