

VIDEO

Psychogenic paroxysmal dyskinesia following paroxysmal hemidystonia in multiple sclerosis

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A 27-year-old woman presented because of multiple daily episodes of painful “drawing” in her right arm and leg precipitated by hyperventilation (see video, segment 1). These episodes would typically last between 30 seconds and 2 minutes. Brain MRI and CSF analysis were consistent with multiple sclerosis (MS). MS-related paroxysmal hemidystonia was diagnosed because of a typical pattern of limb involvement, evolution of right hemibody dystonic posturing over seconds, the trigger (hyperventilation in the setting of MS), duration and frequency of dystonic spasms, and resolution of the spasms following acetazolamide treatment.¹ She subsequently began β -interferon injections for MS.

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One year later, the patient presented with “spasms” lasting up to 15 minutes (see video, segment 2) after missing a single β -interferon injection. Psychogenic paroxysmal dyskinesias were diagnosed because of an obvious trigger (concern over missing a single β -interferon injection), the prolonged evolution and duration of her “spasms,” bilateral representation and opisthotonic posturing during the “spasm” (a typical finding in psychogenic paroxysmal dyskinesias),² and her response to both suggestion and placebo. The episode recorded in segment 2 was typical of these events seen during this timeframe without induction.

Clinicians should have suspicion when patients present with an unusual paroxysmal dyskinesia, even in the setting of a previously documented “organic” dystonia.³

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