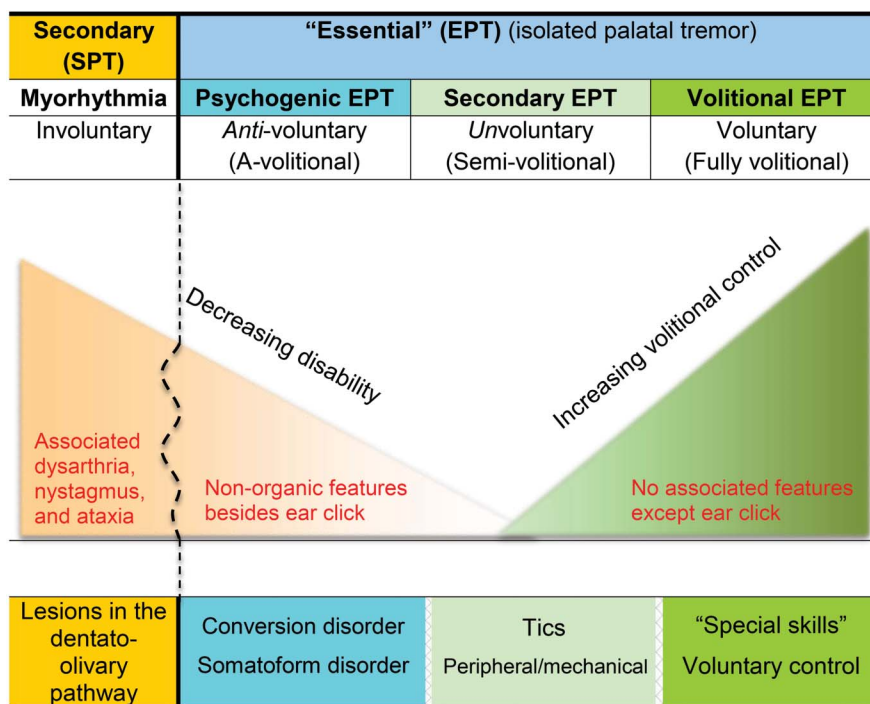


Nosography of the “essential”

Volitional palatal tremor



Figure Spectrum of palatal tremor



“Essential” palatal tremor (EPT) can be distinguished from the slow tremor (myorhythmia) of secondary palatal tremor (SPT) by the lack of associated neurologic deficits. EPT, in turn, can be segregated into 3 overlapping clinical variants, as inspired by the nosography proposed by Zadikoff, Lang, and Klein²: psychogenic EPT, where a variable and suppressible tremor occurs against the will (“anti-voluntary”); secondary EPT, partially volitional and temporarily suppressible (“un-voluntary”); and volitional EPT, where there is complete control and no disability (patient reported here).

A 19-year-old heavy metal singer with a history of congenital micrognathia, posttraumatic stress disorder, and anxiety developed isolated movements of the soft palate after lower mandible corrective surgery (osteotomy and genioplasty). He endorsed ear clicks and control over the movements. On examination, there were rhythmic movements of the distal soft palate, characteristic of essential palatal tremor (EPT). However, their change in frequency and amplitude on command (video on the *Neurology*[®] Web site at www.neurology.org) indicated volitional control. Unlike psychogenic EPT, whereby variability and entrainability must be present¹ and endorsed as involuntary (“a-volitional”), patients with volitional EPT admit to full control and no disability (figure). They have also been categorized as the “voluntary/special skill” EPT variant.² No neurologic investigations are warranted in patients with volitional EPT.

Supplemental data at
www.neurology.org

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