

Metoclopramide-induced facial and palatopharyngeal myoclonus



A 61-year-old woman developed acute dyslalia, dysphonia, dysphagia, and facial rhythmic jerks 8 hours after the intake of 2 tablets of metoclopramide 10 mg, prescribed for nausea during respiratory infection. Examination revealed dysphonia, dyslalia, dysphagia, and myoclonus in the orbicularis oculi (video 1 on the *Neurology*[®] Web site at Neurology.org), orbicularis oris, and palatopharyngeal (video 2); no clicking was audible. Brain MRI, angio-MRI, and EEG were unremarkable. Biperidene 4 mg was given per os: palatopharyngeal myoclonus, dysphonia, and dyslalia improved in 30 minutes and disappeared in 12 hours. Palatal myoclonus may be a rare metoclopramide-induced movement disorder.^{1,2}

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Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Supplemental data
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Neurology 2015;84;1284

DOI 10.1212/WNL.0000000000001393

This information is current as of March 23, 2015

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