

Spinal myoclonus selectively affecting the platysma after cervical laminectomy

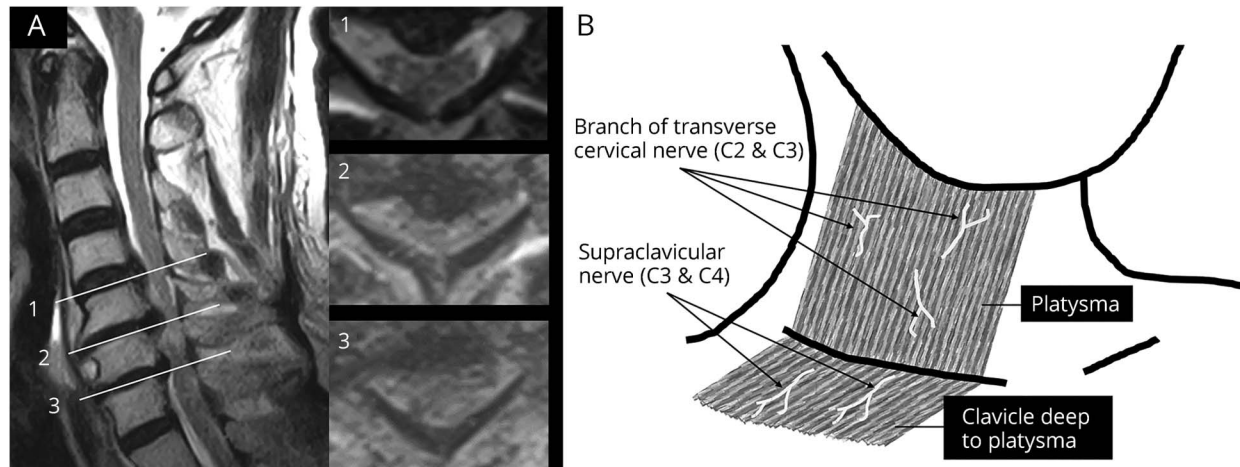
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Neurology® 2018;91:45-46. doi:10.1212/WNL.0000000000005746

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Figure Spinal cord MRI and schema



(A) C4–C7 canal stenosis on spinal cord MRI. (B) Schema of platysma and platysma-related nerves.

A 70-year-old man on hemodialysis for diabetic nephropathy experienced gradually worsening tetraparesis and sensory disturbance below C6. Spinal cord MRI revealed canal stenosis of C4–C7 (figure, A) and laminectomy was performed. On postoperative day 1, he developed intermittent bilateral platysma myoclonus (video) without facial muscle weakness. The symptom resolved spontaneously on postoperative day 2.

The platysma muscle is innervated by the facial nerve and the high cervical cord.¹ The etiology of platysma myoclonus, which has never been reported, remains uncertain. This patient might be manifesting a form of spinal myoclonus involving the branches of the transverse cervical nerve and supraclavicular nerves (figure, B). We speculate that nerve tethering due to spinal cord shifting² or transient edema after laminectomy caused spinal root stimulation leading to the generation of this transient myoclonus.

Author contributions

Akiyuki Uzawa: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval. Takeo Furuya: drafting/revising the manuscript, study concept or design, accepts responsibility for conduct of research and final approval, study supervision. Seiji Ohtori: drafting/revising the manuscript, accepts responsibility for

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conduct of research and final approval, study supervision. Satoshi Kuwabara: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval, study supervision.

Study funding

No targeted funding reported.

Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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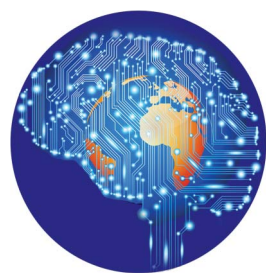
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This information is current as of July 2, 2018

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