Teaching Video NeuroImage: Generalized Reflex Myoclonus in Autoimmune Hepatitis-Primary Biliary Cholangitis Overlap Syndrome

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Table Hepatic and Autoimmune Workup That Led to the Diagnosis of Autoimmune Hepatitis-Primary Biliary Cholangitis

| Laboratory test | Value | Normal range | Laboratory test | Value | Normal range |
|-----------------|---------------|----------------------|-----------------|--------|--------------|
| AST | 685.60 IU/L | (13.00-35.00) IU/L | INR | 1.11 | _ |
| ALT | 510.40 IU/L | (7.00-40.00) IU/L | ANA | + | Negative |
| ALP | 729.9 IU/L | (35.0–100.0) IU/L | AMA-M2 | + | Negative |
| GGT | 867.0 IU/L | (7.0-45.0) IU/L | AMA-3E | + | Negative |
| Serum IgG | 23.6 g/L | (8.60–17.40) g/L | Ro-52 | + | Negative |
| Ammonia | 159.80 µmol/L | (18.00–72.00) µmol/L | SMA | <1:100 | <1:100 |

Abbreviations: ALP = alkaline phosphatase; ALT = alanine aminotransferase; AMA-3E = antimitochondrial 3E antibody; AMA-M2 = antimitochondrial M2 antibody; ANA = antinuclear antibodies; AST = aspartate aminotransferase; GGT = gamma-glutamyltransferase; INR = international normalized ratio; SMA = anti-smooth muscle antibodies.

A 25-year-old woman presented with progressive apathy and disorientation, followed by acuteonset confusion that progressed to stupor. Physical examination revealed generalized reflex myoclonus to both tactile (Video 1, part 1) and visual stimuli (part 2). Hepatic and autoimmune workup was positive for transaminitis, hyperammonemia, and antimitochondrial and anti-smooth muscle antibodies (Table). The rest of her laboratory test results including chemistries were within normal limits. MRI of the brain was likewise unremarkable. EEG showed generalized slowing. She was diagnosed with autoimmune hepatitis-primary biliary cholangitis overlap syndrome¹ with hepatic encephalopathy. She was treated with steroids with full resolution of her myoclonus (Video 1, part 3). Hepatic encephalopathy is usually associated with negative myoclonus (asterixis) rather than reflex myoclonus. Little is known about the mechanism of reflex myoclonus, although small studies suggest cortical and subcortical subtypes reflect the origin of electrical signals leading to the myoclonic jerks.²

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| Qian Wu, MD, PhD | Department of Neurology First Affiliated Hospital, Kunming Medical University, Kunming, P.R. China | Drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data; study concept or design; and analysis or intepretation of data |

Appendix (continued) Location Contribution Name Charlie Drafting/revision of the Yale School of Medicine, New Weige Haven; Department of Internal manuscript for content, Zhao, MD Medicine, St. Vincent's Medical including medical writing for content; study concept or Center, Bridgeport, CT design; and analysis or intepretation of data Shuiuan Department of Neurology First Drafting/revision of the Dai, MD Affiliated Hospital, Kunming manuscript for content, Medical University, Kunming, including medical writing for P.R. China content; major role in the acquisition of data: and analysis or intepretation of data

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