A 57-year-old woman had bilateral mirror movements (MMs) since birth, which were evident on finger tasks or utensil use. Mild blepharospasm was observed on neurologic examination. Other neurologic and laboratory examinations and brain magnetic resonance imaging were normal. Her 34-year-old daughter had adolescent-onset segmental dystonia affecting the cervical, shoulder, and laryngeal muscles combined with mild MMs (Video 1). Whole-exome sequencing detected no pathogenic variant in DCC, NTN1, RAD51, or other known culprit genes for congenital MMs.1 A heterozygous mutation in KMT2B (c. 1439C > T) was identified in the patient and her daughter, which was classified as likely pathogenic according to the American College of Medical Genetics and Genomics guidelines. Although mirror dystonia has been widely reported in focal hand dystonia, bilateral congenital MMs have rarely been reported in dystonia before.2 The congenital MMs of this patient and her daughter might be related to the KMT2B-related dystonia, and the findings suggested a shared pathophysiology of dystonia and MMs.

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

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Teaching Video NeuroImage: Mirror Movements in a 57-Year-Old Woman With KMT2B-Related Dystonia
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Author Contributions
J. Lin: drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data; study concept or design; analysis or interpretation of data. C. Li: drafting/revision of the manuscript for content, including medical writing for content; analysis or interpretation of data. Q. Jiang: major role in the acquisition of data. H. Shang: drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data; analysis or interpretation of data.
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