VIDEO

Spinal myoclonus following herpes zoster radiculitis

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A 69-year-old man with Parkinson disease and ischemic heart disease presented with spontaneous jerks in his right upper limb 2 weeks after right upper limb herpes zoster (at C5-C6, and partly C7).

On examination he had resting and postural irregular, brief myoclonic jerks of his upper limb, producing movements of internal rotation and adduction at the shoulder, pronation of forearm,

and medial flexion of wrist at a rate of 4 to 12/minute (video). The main muscles involved (clavicular fibers of pectoralis major, teres major, pronator teres, flexor carpi ulnaris) largely corresponded to the root levels affected by the zoster. A video-EEG-EMG did not show any epileptiform activity. Motor and sensory conduction velocity and F-wave of median and ulnar nerves were normal. MRI of spine was precluded because of his pacemaker. Clonazepam treatment was poorly tolerated, so levetiracetam 250 mg BID was started, and myoclonus completely ceased after 7 days.

Spinal myoclonus associated with herpes zoster radiculitis is rare, probably because with treatment of the virus using acyclovir the myoclonus does not develop or disappears.¹ Nonetheless, in our patient the segmental myoclonus did not remit with antiviral treatment and clearly improved with levetiracetam².

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