RESIDENT & FELLOW SECTION

Section Editor
Mitchell S.V. Elkind, MD, MS

Teaching Video NeuroImages: Speech-induced oromandibular dystonia relieved by singing

Matteo Impellizzeri, MD
Francesca Spagnolo, MD
Lidia Sarro, MD
Vittorio Martinelli, MD
Giancarlo Comi, MD
Maria A. Volonté, MD

Correspondence & reprint requests to Dr. Impellizzeri: m.impellizzeri@studenti.unisr.it

We report a rare task-specific dystonia[1,2] in a 26-year-old man with a 4-year progressive speech disorder characterized by oromandibular spasms. Family and medical history were unremarkable; he was never exposed to neuroleptic drugs or toxic agents. Neurologic examination revealed only speech-induced oromandibular dystonic movements, characterized by forced jaw opening, interfering with speech (video on the *Neurology*® Web site at www.neurology.org). However, he was able to sing and to perform other voluntary activities (swallowing, drinking, chewing). Laboratory tests and brain magnetic resonance scans were normal. He received a placebo injection with no benefit. Trihexyphenidyl was started with moderate benefit. This rare form of dystonia is sometimes triggered by praying,[1,2] resembling task-specific occupational dystonias.

REFERENCES

1. Ilic TV, Pötter M, Holler I, Deuschl G, Volkmann J. Praying-induced oromandibular dystonia. Mov Disord 2005;20:385–386.
2. Bonanni L, Thomas A, Scorrano V, Onofrj M. Task-specific lower lip dystonia due to mantra recitation. Mov Disord 2007;22:439–440.

Supplemental data at www.neurology.org

From the Department of Neurology, INSPE, San Raffaele Scientific Institute, Milan, Italy.
The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.