A 61-year-old woman developed acute dyslalia, dysphonia, dysphagia, and facial rhythmic jerks 8 hours after the intake of 2 tablets of metoclopramide 10 mg, prescribed for nausea during respiratory infection. Examination revealed dysphonia, dyslalia, dysphagia, and myoclonus in the orbicularis oculi (video 1 on the Neurology® Web site at Neurology.org), orbicularis oris, and palatopharyngeal (video 2); no clicking was audible. Brain MRI, angio-MRI, and EEG were unremarkable. Biperidene 4 mg was given per os; palatopharyngeal myoclonus, dysphonia, and dyslalia improved in 30 minutes and disappeared in 12 hours. Palatal myoclonus may be a rare metoclopramide-induced movement disorder.1,2

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