Teaching Video NeuroImages: Faciobrachial dystonic seizures

Pathognomonic phenomenology

David A. Schmerler, DO
Stephanie Roller, MD
Alberto J. Espay, MD,
MSc

Correspondence to
Dr. Espay:
alberto.espay@uc.edu

Figure Face and arm contractions

The classic distribution of tonic muscle contractions, affecting the lower face and ipsilateral arm. Alternating and bilateral episodes can also occur, as demonstrated in the accompanying video material.

A 58-year-old man had a 6-month history of daily brief (5–10 seconds) jaw-pulling and arm-flexion episodes (video 1 on the *Neurology*[®] Web site at Neurology.org). At-home videos were interpreted as “stress-induced” (video 2). These stereotypical episodes with altered awareness lacked electrographic correlate or any abnormalities on brain MRI, as previously reported.¹ The clinical diagnosis of faciobrachial dystonic seizures was supported by elevated voltage-gated potassium channel antibodies (4.11 nmol/L) and positive LGI1 (leucine-rich glioma inactivated-1) protein. Methylprednisolone and plasmapheresis abolished the episodes. Recognition of faciobrachial dystonic seizures is important to reorient treatment from anti-epileptics (ineffective) to immunotherapy, preventing progression to cognitive impairment.^{1–3} Besides pathognomonic ipsilateral face–arm contractions (figure), our patient manifested unilateral and alternating face-only episodes.

AUTHOR CONTRIBUTIONS

Dr. Schmerler: drafting of manuscript and acquisition of data. Dr. Roller: acquisition of data, critical revision of the manuscript for important intellectual content. Dr. Espay: report concept, critical revision of the manuscript for important intellectual content, study supervision.

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From the Department of Neurology, James J. and Joan A. Gardner Center for Parkinson's disease and Movement Disorders (D.A.S., A.J.E.), and Department of Neurology (S.R.), University of Cincinnati, OH.

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David A. Schmerler, Stephanie Roller and Alberto J. Espay

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