

Teaching Video NeuroImages: Faciobrachial dystonic seizures

Pathognomonic phenomenology



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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.

ACKNOWLEDGMENT

The authors thank Marcia Hartsock, MA, CMI, for creating the figure.

STUDY FUNDING

No targeted funding reported.

DISCLOSURE

D. Schmerler is supported by an AAN Clinical Research Training Fellowship grant and has received personal honoraria from Merz. S. Roller reports no disclosures. A. Espay is supported by NIH (K23MH092735); has received grant support from CleveMed/Great Lakes Neurotechnologies, Davis Phinney Foundation, and Michael J. Fox Foundation; personal compensation as a consultant/scientific advisory board member for Solvay (now AbbVie), Chelsea Therapeutics, TEVA, Impax, Merz, Solstice Neurosciences, Eli Lilly, and USWorldMeds; and honoraria from Novartis, UCB, Acadia, TEVA, the American Academy of Neurology, and the Movement Disorders Society. Go to Neurology.org for full disclosures.

Supplemental data
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Neurology 2016;86:e60-e61

DOI 10.1212/WNL.0000000000002359

This information is current as of February 8, 2016

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