A 37-year-old woman in her 34th week of pregnancy developed continual abdominal movements, which had complicated both her previous pregnancies (video at Neurology.org). Examination, routine bloodwork, and brain MRI were normal. Circumstances precluded prepartum thoracolumbar MRI; postpartum MRI was unrevealing. Clonazepam and levetiracetam suppressed the movements, which remitted postpartum. All babies were healthy.

Recurrent abdominal dyskinesia in pregnancy, reported once before,1 perhaps results from local compressive or hemodynamic changes in the thoracic cord or roots from the gravid uterus. Similar mechanisms also could account for abdominal myoclonus in pregnancy.2 Hormonal effects (akin to chorea gravidarum) seem less plausible given the focality of the dyskinesia.

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