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.

Jenny A. Meyer, MD, Kunal V. Desai, MD, Howard L. Geyer, MD, PhD
From Albert Einstein College of Medicine, The Saul R. Korey Department of Neurology at Montefiore Medical Center, Bronx, NY.

Author contributions: Dr. Meyer: drafting/revising the manuscript, reviewed literature, and accepts responsibility for conduct of research and final approval. Dr. Desai: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval, and acquisition of data. Dr. Geyer: drafting/revising the manuscript, aiding in study concept and design, interpretation of case, and accepts responsibility for conduct of research and final approval.

Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

Correspondence to Dr. Meyer: jejohnso@montefiore.org

1. Herbert J, Hassanaien M. Case Study: A Belly-dancing Womb. Presented at the Royal College of Obstetricians and Gynaecologists World Congress; March 30, 2014; Hyderabad, India.

WriteClick® rapid online correspondence

The editors encourage comments about recent articles through WriteClick:

Go to Neurology.org and click on the “WriteClick” tab at the top of the page. Responses will be posted within 72 hours of submission.

Before using WriteClick, remember the following:

• WriteClick is restricted to comments about studies published in Neurology within the last eight weeks
• Read previously posted comments; redundant comments will not be posted
• Your submission must be 200 words or less and have a maximum of five references; reference one must be the article on which you are commenting
• You can include a maximum of five authors (including yourself)
Recurrent belly dancer dyskinesia in pregnancy
Jenny A. Meyer, Kunal V. Desai and Howard L. Geyer
Neurology 2017;88;2066
DOI 10.1212/WNL.0000000000003954

This information is current as of May 22, 2017

Updated Information & Services including high resolution figures, can be found at:
http://n.neurology.org/content/88/21/2066.full

Supplementary Material Supplementary material can be found at:
http://n.neurology.org/content/suppl/2017/05/22/WNL.0000000000003954.DC1

References This article cites 1 articles, 0 of which you can access for free at:
http://n.neurology.org/content/88/21/2066.full#ref-list-1

Subspecialty Collections This article, along with others on similar topics, appears in the following collection(s):
All Movement Disorders http://n.neurology.org/cgi/collection/all_movement_disorders
Clinical neurology examination http://n.neurology.org/cgi/collection/clinical_neurology_examination
Clinical neurology history http://n.neurology.org/cgi/collection/clinical_neurology_history

Permissions & Licensing Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints Information about ordering reprints can be found online:
http://n.neurology.org/subscribers/advertise