Teaching Video NeurolImages: Facial myokymia and myorhythmia in anti-IgLON5 disease

The bitten lip

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A 79-year-old woman presented with an 8-month history of parasomnia and progressive bulbar syndrome with dysarthria, dysphagia, facial myokymia, and mandibular myorhythmia (video 1) resulting in biting scars of her lower lip. Brain MRI and EEG were unremarkable. CSF analysis showed intrathecal antibody synthesis and elevated tau 372 pg/mL (0–320 pg/mL) and phospho-tau 54 pg/mL (0–50 pg/mL). Antibodies against IgLON5 were highly positive (1:1,000) in CSF and serum. Anti-IgLON5 disease was diagnosed.¹ Recognition of bulbar symptoms with myokymia and myorhythmia as part of an anti-IgLON5 disease may be important to start early immunotherapy to prevent progression to neurodegeneration.²

Author contributions

Dr. Vetter: acquisition of data, analysis and interpretation of data, draft and review of the manuscript. Dr. Olmes: analysis and interpretation of data, review of the manuscript. Prof. Linker: critical revision of manuscript for intellectual content. Dr. Seifert: study supervision, analysis and interpretation of data, critical revision of manuscript for intellectual content.

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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