A 7-year-old girl presented with paroxysms of transient laughter accompanied by right limb weakness, followed by crying. She was diagnosed with moyamoya disease (figure 1). Interictal $^{123}$I-IMP-SPECT showed decreased cerebral blood flow in multiple areas including the frontal lobe and cingulate gyrus; arrows show the areas of decreased uptake. (C) Right internal carotid angiography and (D) left internal carotid angiography show steno-occlusive changes at the terminal portion of the bilateral internal carotid artery and moyamoya vessels.

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and cingulate gyrus (figure 1). All the paroxysms of laughter occurred without unconsciousness and appeared only after hyperventilation during crying (video). EEG revealed no epileptiform discharge in the ictal state (figure 2). After bilateral revascularization, the paroxysms did not reappear. These attacks had behavioral features consistent with ischemia or epilepsy, the former being more likely.1,2

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

**References**

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