Teaching NeuroImages: Useless (and restless) hand of Oppenheim in multiple sclerosis

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Figure 1 Patient holding the arms outstretched

Pseudoathetosis of the right hand with writhing movements of the fingers exacerbated during eyes closure.

A 23-year-old man presented a 2-week history of progressive loss of dexterity and incoordination in his right hand together with ipsilateral occipito-cervical paresthesia. In addition, he reported a feeling of discomfort and an urge to move his fingers at rest. Pseudoathetosis (figure 1) and reduced joint position and vibration senses were consistent with the useless hand description of Oppenheim.¹

MRI scan was suggestive of multiple sclerosis (MS; figure 2), depicting an active demyelinating lesion in right dorsal cervical spinal cord.

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Figure 2 Brain and spinal cord MRI

Axial T2–fluid-attenuated inversion recovery (A) demonstrates multiple demyelinating brain lesions; axial contrast-enhanced T1 (B) and sagittal T2 (C) show an active demyelinating lesion at the C1 level in the posterior spinal cord (arrows).

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Restless legs syndrome has been described in MS² and similar symptomatology can be present in the upper limbs during an MS relapse.

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Appendix Authors

Name	Location	Contribution
Daniel Ferreira, MD	Centro Hospitalar Universitário de São João, EPE, Porto, Portugal	Design, concept, and draft of the manuscript

Appendix (continued)

Name	Location	Contribution
Daniela Ferro, MD	Centro Hospitalar Universitário de São João, EPE, Porto, Portugal	Provided significant input for early and final drafts of the manuscript
Guilherme Bastos, MD	Centro Hospitalar Universitário de São João, EPE, Porto, Portugal	Interpretation of the data and provided significant input for early and final drafts of the manuscript
Madalena Pinto, MD	Centro Hospitalar Universitário de São João, EPE, Porto, Portugal	Manuscript design, supervision and critical revision of manuscript

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