Video NeuroImages: Idiopathic Recurring Stupor

An Unusual Clinical Condition Responding to Flumazenil

Andrea Gómez García, MD, Inmaculada Navas Vinagre, MD, and Antonio Herranz Bárcenas, MD

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A 73-year-old woman presented with a history of recurrent self-limited stupor episodes. Metabolic, vascular, structural, epileptic, toxicologic (exogenous), and sleep disorders were excluded after the pertinent investigations. We present video-EEG results during one of the episodes (video 1).

Idiopathic recurring stupor is an uncommon and controversial condition, with diagnosis requiring exclusion of a variety of other causes of stupor and supported by the detection of elevated levels of endozepine-4 in serum and CSF during episodes.¹,² In the right clinical context, characteristic EEG pre and post administration of flumazenil and clinical response to this drug can be suggestive.

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

Appendix Authors

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References

From the Department of Neurology, Fundación Jiménez Díaz, Madrid, Spain.
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Errata An erratum has been published regarding this article. Please see next page or:
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CORRECTION

Video NeuroImages: Idiopathic Recurring Stupor
An Unusual Clinical Condition Responding to Flumazenil

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In the article “Video NeuroImages: Idiopathic Recurring Stupor: An Unusual Clinical Condition Responding to Flumazenil” by Gómez García et al., there were errors regarding the article type and its title. The article should have been published in the Video NeuroImages section, and the correct title is “Idiopathic Recurring Stupor: An Unusual Clinical Condition Responding to Flumazenil.” In addition, there are no Teaching Slides with this article. The publisher regrets the errors.

Reference

RETRACTION

AAN’s First 21st-Century Position Statement on Ethical Consideration in Dementia Diagnosis and Care

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The Editor retracts this editorial at the request of the author because the author’s views on the topic are no longer reflected in the editorial in light of the FDA’s approval of the drug aducanumab for use in treatment of Alzheimer disease. The FDA approved the drug on June 7, 2021, after the editorial was submitted (February 25, 2021) or accepted in final form by Neurology (March 4, 2021) but before it was published (July 13, 2021).

Reference