

Shaking Spells

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History

- Chief complain- Shaking spells since 1 year
- This patient is a 3 ½ year old female who was admitted to our EMU with a history of shaking spells. They started at the age of 2 ½ years, occurring four or five times a day . Usually they are brought out by some sort of activity such as walking and running, affecting both sides of the body. These spells as described by mother consist of shaking of trunk in a wave like pattern with flexion of arms and legs and at time cross flexion of the legs.

History

- They last up to one minute ,she has no associated loss of consciousness or alteration but has difficulty walking and may even fall if she tries to walk during these episodes. These spells are precipitated if she gets excited, gets up to run, or rapidly goes to do something. At times she actually has fallen. Lately these spells have become more prolonged. The child has some type of aura before the spells and seems to know when it is coming.

History

- Mom also describes jerky movements during sleep.
- Past medical h/o is significant for GERD during infancy and a **single seizure at the age of 5 1/2 months in an afebrile state.**
- Pregnancy ,labor, and delivery were normal, she has no allergies. Immunizations are uptodate and her neurological development is completely normal with no regression or associated symptoms

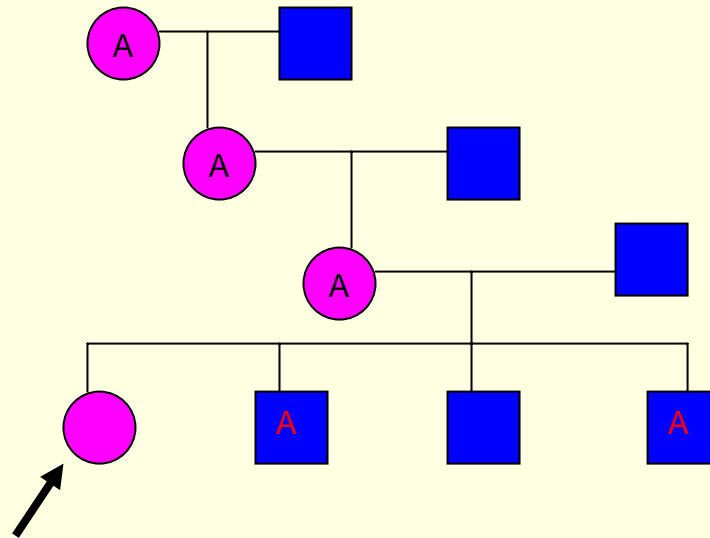
History

- ROS- she had reflux as an infant, but otherwise review of system including general health ,eyes, ears, nose throat, cardiovascular , respiratory, GI, GU, neuromuscular,skin,behaviour,endocrine,hem-atologic and allergic histories are completely normal.
- Family and social history is significant for mother being 40 yrs old,G5 P4 Ab1 (spontaneously died). She is divorced from father who is 33 years old and has Wegeners granulomatosis.

History

AA

Family history is significant for multiple members being affected with similar type of movement disorders.



Physical Examination

- PE shows a well developed cooperative young lady at age 31/2 in no distress. Vital signs are normal head circumference is in 50th percentile. Complete general examination is normal. There are no neurocutaneous markers. Neurological exam: Patient uses both hands well and has not established dominance. Evaluation of higher integrative functions for her age shows normal orientation, recent and remote memory, attention span, language and fund of knowledge. Her speech is actually quite good and fluent.

Physical Examination

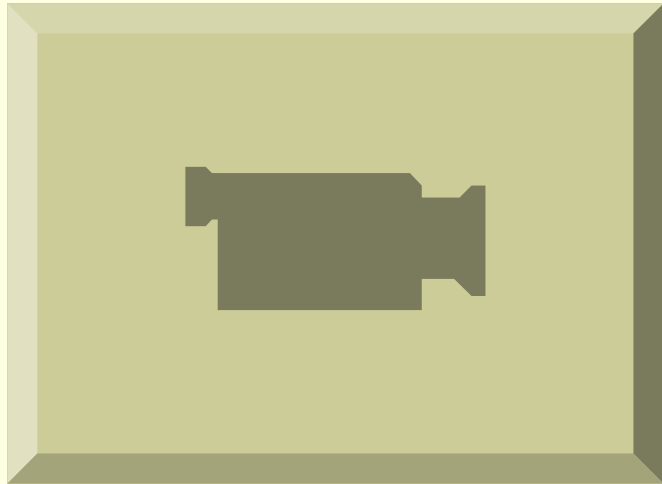
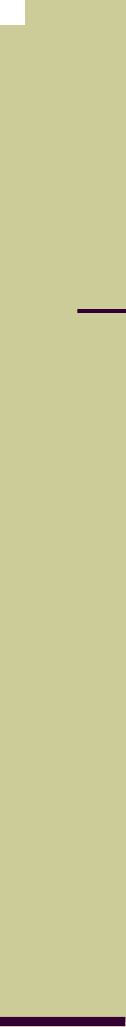
- Cranial nerve examination shows normal fundi and pupillary responses. Gross vision is normal. Extraocular movements are full without nystagmus. Facial sensation and strength, tongue, palate, hearing and sternocleidomastoid are normal. Muscle strength, mass and tone were normal and there was no drift as we had her hold her arm out for a short time. Deep tendon reflexes are symmetrically active and the plantar responses are flexor bilaterally.

Physical Examination

- Initially her coordination testing was normal. But after stressing her to run up and down the hallway, while testing gait we observed an episode where she stood with somewhat widened base and had to and fro movements of her trunk and instability. There was some jerking of the legs and arms associated with this to a minor degree. While at rest there was no noted tremor, dysmetria or other abnormality. Gait and station were normal.

Hospital Course

She was admitted in Epilepsy Monitoring Unit for 24 hours. During the hospital stay she had few brief spells and we did stress her during her stay. The spells were recorded on video EEG. The EEG was normal during these spells. Patient was then discharged home on medication.



Differential Diagnosis

- Repeated seizures
- Hyperexplexia (startle disease)
- Dyskinesias
- Tetany
- Psychogenic disease
- Migraine variant

Dyskinesias (paroxysmal)

- Paroxysmal kinesigenic dyskinesia
- Paroxysmal non-kinesigenic dyskinesia
- Paroxysmal exertion-induced dyskinesia
- Paroxysmal hypnogenic dyskinesia

Definition

- A rare disorder characterized by brief attacks of abnormal movements and posture (dystonic, choreoathetoid, or mixture or both) precipitated with sudden voluntary movements and returning to normal between the episodes.

Characteristics

- Attacks triggered by initiation of voluntary movements
- Brief duration of attacks (typically , <5 minutes)
- Preserved consciousness between attacks
- Response to antiepileptic drugs

Etiology

- Primary (Familial and sporadic)
- Secondary
 - Head injury
 - Multiple sclerosis
 - Idiopathic hypoparathyroidism
 - Perinatal hypoxic encephalopathy
 - Cerebral infarction (thalamic, putamen or cerebral infarct)

Diagnosis



Treatment

- Spontaneous disappearance of attacks
- Antiepileptic medications
- Acetazolamide
- L-dopa

