Jumping stump: look before you label

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DESCRIPTION

Jumping stump syndrome is considered to be a peripherally induced movement disorder due to damage to peripheral nerves leading to dystonia, myoclonus or choreiform movements. Certain cases are considered to be due to propriospinal myoclonus. Psychogenic cases have also been reported.[1 2]

Our patient was a 40-year-old man who underwent right above elbow amputation following a road traffic accident. He started having right facial spasms and amputation stump myoclonic dystonic movements as well as right lower limb choreiform movements (video 1, figure 1) 8–10 days later which resolved during sleep. There was no response to anticonvulsants. These movements were stable for the next 5 months when he was referred to us as a case of jumping stump syndrome. However, careful examination revealed right facial spasms as well as intermittent right lower limb choreiform movements. MRI brain revealed lacunar infarcts in left anterolateral thalamus which is known to be associated with dystonia and tremor[3] (red arrows in figure 2). Work-up for stroke aetiology was unrevealing and he has been kept under close follow-up as a case of cryptogenic stroke. He was started on antiplatelet agent aspirin with no fresh deficits. Currently, the most disabling symptom was jumpy stump which could be easily treated with botulinum toxin injection. He was given botulinum toxin injection in right shoulder abductors with partial improvement.

Video 1 Right hemifacial spams, right upper limb amputation stump showing myoclonic–dystonic contractons and right lower limb choreiform movements. These contractions resolved completely during sleep

Figure 1 Still photograph of patient having involuntary arm abduction of right shoulder stump.

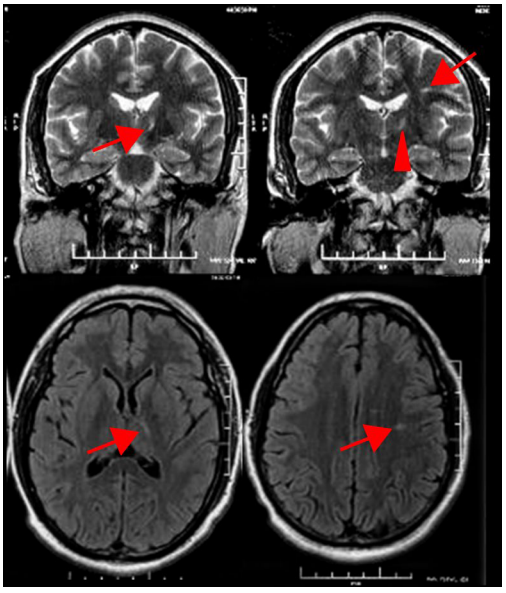

Figure 2 T2/fluid attenuation inversion recovery (FLAIR) hyperintense lesions in the left anterolateral thalamus and left frontal subcortical white matter suggestive of lacunar infarcts.

Learning points

- In assessing movement disorders, one should look at the complete phenomenology and not just the most striking part of the examination.
- Jumping stump is usually considered to be peripheral in origin, however central lesion should always be considered.

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