

Intermittent bursts of abdominal wall jerky movements: belly dancer's syndrome?

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DESCRIPTION

A 47-year-old Iraqi Kurdish woman presented with a 1-day history of sudden onset of frequent, intermittent and painful abdominal wall jerky movements, 6 days after undergoing haemorrhoidectomy. During sleep, these movements were absent. The postoperative period was uneventful and the patient was discharged home on day 2 with oral clindamycin and metronidazole. The appearance of these movements prompted the A&E interns to think about intestinal obstruction and accordingly they consulted the general surgical department; the surgeon suggested symptomatic treatment with watchful waiting and nothing by mouth. However, on day 3, we were asked to examine the patient; these movements (video 1) represented belly dancer's syndrome. Brain and spinal MRI were unremarkable, as were her blood tests, chest CT scan and transthoracic echocardiography; diaphragmatic fluoroscopy and abdominal wall/diaphragmatic electromyography were not done. She was prescribed intravenous diphenhydramine and oral diazepam; her complaints disappeared completely 3 days later and have never recurred.



Video 1 Note the undulating movements of the anterior abdominal wall muscles, which are more prominent on the left side and resemble belly dancing. This is the diaphragmatic flutter of belly dancer's syndrome and is a form of myoclonic jerks.

Belly dancer's syndrome (or diaphragmatic flutter) refers to myoclonic jerks involving one or both hemidiaphragms, which are involuntary, repetitive, usually painful and often rhythmic, and result in visible undulating movements of the abdomen (and sometimes the trunk), an appearance which resembles belly dance. The condition is rare and has a long list of causes. The core feature is a rapid myoclonic contraction and release of the diaphragm, which, in most cases, involves both inspiration and expiration. The majority is bilateral, but unilateral cases usually target the left side. The abdomen is usually painful and the dyspnoea is frequently a prominent complaint.¹⁻³

Learning points

- ▶ Belly dancer's syndrome is a form of diaphragmatic myoclonic jerks (or flutter) which can result in chest and/or abdominal pain and dyspnoea. Therefore, an alternative diagnosis usually comes to mind.
- ▶ Clinically, frequent, intermittent and often rhythmic involuntary undulations of the abdomen are observed.
- ▶ Diaphragmatic fluoroscopy and electromyography are the key diagnostic tools. In spite of the long list of pathologically defined causes behind this syndrome, several cases are idiopathic and some are psychogenic.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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