Paroxysmal kinesigenic dyskinesia: a frequently misdiagnosed movement disorder

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DESCRIPTION
A 13-year-old boy previously diagnosed as having psychogenic movement disorder presented with a 2-year history of episodic dystonic movements involving all limbs and face. The episodes were precipitated by sudden movements, lasted for less than 30 s, occurring 5–6 times/day and were preceded by tingling sensations (video 1). There was no history of any major medical or surgical illness. Family history was negative. Physical examination of the patient did not reveal any abnormality.

Owing to distinctive semiology of the abnormal movements and particularly it being triggered by sudden movement, we strongly thought of the possibility of paroxysmal kinesigenic dyskinesia (PKD). Other possibilities of epilepsy, tetany and psychogenic movement disorder were also considered. His blood investigations revealed normal serum electrolytes (sodium, potassium, calcium and magnesium), random blood sugar, renal function tests and liver function tests. CT of the brain and EEG were also normal.

Keeping a possibility of PKD, the patient was started on carbamazepine. The patient’s symptoms responded completely to the treatment.

PKD is a frequently misdiagnosed, rare movement disorder comprising episodes of dystonia or choreoathetotic movements precipitated by sudden movement, lasting for <1 min with preserved consciousness.1 2

Video 1 Dystonic movements involving all limbs and face precipitated by sudden movements and lasting for less than 30 seconds

Learning points

▸ Paroxysmal kinesigenic dyskinesia is frequently misdiagnosed as psychogenic movement disorder unless one is aware of.
▸ Its diagnosis is important as it is one of the easily treatable movement disorders.
▸ Neuroimaging and electroencephalography should be done to exclude other common differential diagnosis.

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