

# Myoclonus: cases



- SPEAKER DISCLOSURES
  - Nothing relevant to this talk





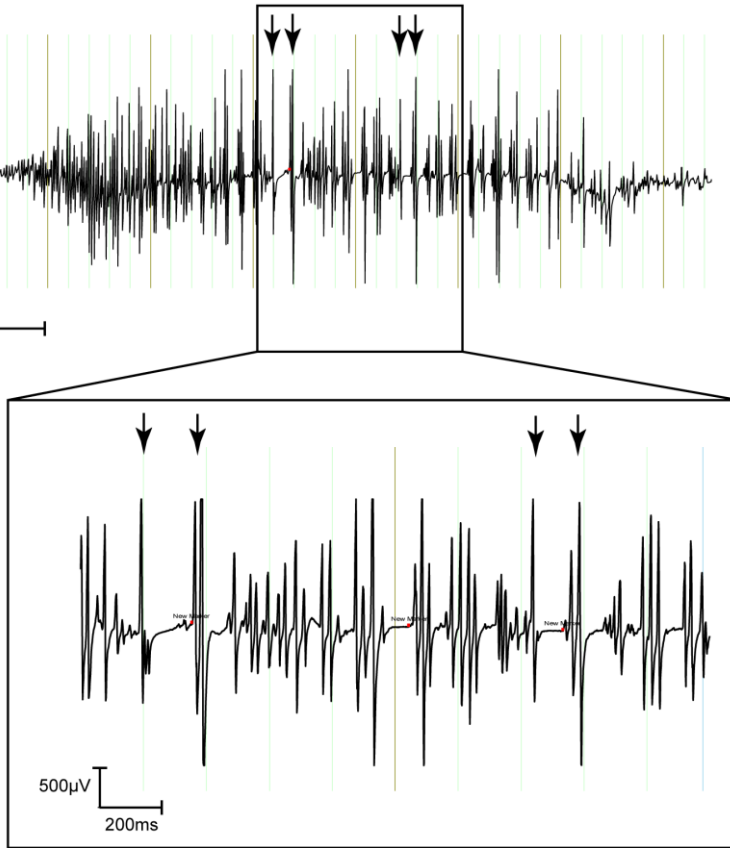


tonic EMG

myoclonic EMG

Right  
M. pectoralis

500 $\mu$ V  
1s



THE SYNDROME OF INTENTION OR ACTION  
MYOCLONUS AS A SEQUEL TO HYPOXIC ENCEPHALOPATHY<sup>1</sup>

BY

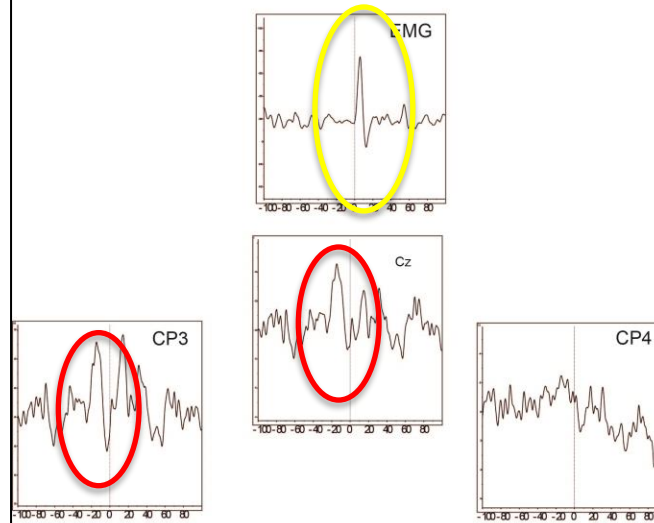
JAMES W. LANCE<sup>2</sup> AND RAYMOND D. ADAMS

*(From the Neurology Service, Massachusetts General Hospital,  
and the Department of Neurology, Harvard Medical School)*

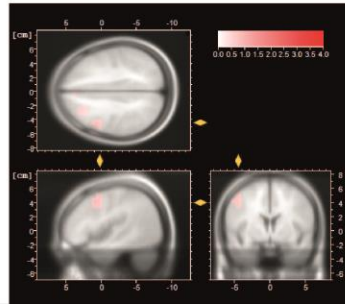
In summary, the essential clinical picture was that of an **arrhythmic fine or coarse jerking** of a muscle or group of muscles in disorderly fashion, excited mainly by muscular activity, particularly when **a conscious attempt at precision was required**, worsened by emotional arousal, suppressed by barbiturates, **and superimposed on a mild cerebellar ataxia**. The **parallelism between the degree of myoclonus and cerebellar signs** suggests that the mechanisms of the two disorders are closely related....



## Results of Jerk-triggered backaveraging



## Low Resolution Brain Electromagnetic Tomography



PD Christian  
Moll







Parkinsonism Relat Disord. 1997 Apr;3(2):83-7.

### **Familial cortical tremor with epilepsy.**

Okuma Y<sup>1</sup>, Shimo Y, Hatori K, Hattori T, Tanaka S, Mizuno Y.

#### **Author information**

1 Department of Internal Medicine (Neurology), Urayasu Hospital of Juntendo University School of Medicine, 2-1-1 Tomioka, Urayasu-city, Chiba 279, Japan.

Mov Disord. 1997 May;12(3):370-7.

### **Familial cortical myoclonic tremor as a unique form of cortical reflex myoclonus.**

Terada K<sup>1</sup>, Ikeda A, Mima T, Kimura M, Nagahama Y, Kamioka Y, Murone I, Kimura J, Shibasaki H.

Mov Disord. 2016 Nov;31(11):1704-1710. doi: 10.1002/mds.26756. Epub 2016 Sep 10.

### **Clinical and neurophysiological features of familial cortical myoclonic tremor with epilepsy.**

Cen Z<sup>1,2</sup>, Huang C<sup>3</sup>, Yin H<sup>1</sup>, Ding X<sup>1</sup>, Xie F<sup>1,4</sup>, Lu X<sup>1,5</sup>, Ouyang Z<sup>1</sup>, Lou Y<sup>1,2</sup>, Qiu X<sup>1</sup>, Wang Z<sup>1</sup>, Xiao J<sup>6</sup>, Ding M<sup>1</sup>, Luo W<sup>1</sup>.



## Expansions of intronic TTTCA and TTTTA repeats in benign adult familial myoclonic epilepsy.

Ishiura H<sup>1</sup>, Doi K<sup>2</sup>, Mitsui J<sup>1</sup>, Yoshimura J<sup>2</sup>, Matsukawa M<sup>1</sup>, Fujiyama A<sup>3</sup>, Toyoshima Y<sup>4</sup>, Kakita A<sup>4</sup>, Takahashi H<sup>4</sup>, Suzuki Y<sup>2</sup>, Sugano S<sup>5</sup>, Qu W<sup>2</sup>, Ichikawa K<sup>2</sup>, Yurino H<sup>6</sup>, Higasa K<sup>7</sup>, Shibata S<sup>1</sup>, Mitsue A<sup>1</sup>, Tanaka M<sup>1</sup>, Ichikawa Y<sup>8</sup>, Takahashi Y<sup>9</sup>, Date H<sup>1</sup>, Matsukawa T<sup>1</sup>, Kanda J<sup>1</sup>, Nakamoto FK<sup>1</sup>, Higashihara M<sup>10</sup>, Abe K<sup>11</sup>, Koike R<sup>12</sup>, Sasagawa M<sup>13</sup>, Kuroha Y<sup>12</sup>, Hasegawa N<sup>14</sup>, Kanesawa N<sup>15</sup>, Kondo T<sup>16</sup>, Hitomi T<sup>16,17</sup>, Tada M<sup>18</sup>, Takano H<sup>19</sup>, Saito Y<sup>20</sup>, Sanpei K<sup>21</sup>, Onodera O<sup>18</sup>, Nishizawa M<sup>22</sup>, Nakamura M<sup>23</sup>, Yasuda T<sup>24</sup>, Sakiyama Y<sup>25</sup>, Otsuka M<sup>26</sup>, Ueki A, Kaida K<sup>27</sup>, Shimizu J<sup>1</sup>, Hanajima R<sup>28</sup>, Hayashi T<sup>1</sup>, Terao Y<sup>29</sup>, Inomata-Terada S<sup>1</sup>, Hamada M<sup>1</sup>, Shirota Y<sup>1</sup>, Kubota A<sup>1</sup>, Ugawa Y<sup>30</sup>, Koh K<sup>31</sup>, Takiyama Y<sup>31</sup>, Ohsawa-Yoshida N<sup>32</sup>, Ishiura S<sup>32,33</sup>, Yamasaki R<sup>34</sup>, Tamaoka A<sup>35</sup>, Akiyama H<sup>36</sup>, Otsuki T<sup>37</sup>, Sano A<sup>23</sup>, Ikeda A<sup>38</sup>, Goto J<sup>39</sup>, Morishita S<sup>2</sup>, Tsuji S<sup>40,41,42</sup>.

## Unstable TTTTA/TTTCA expansions in MARCH6 are associated with Familial Adult Myoclonic Epilepsy type 3.

Florian RT<sup>1</sup>, Kraft F<sup>2</sup>, Leitão E<sup>1</sup>, Kaya S<sup>1</sup>, Klebe S<sup>3</sup>, Magnin E<sup>4</sup>, van Rootselaar AF<sup>5</sup>, Buratti J<sup>6</sup>, Kühnel T<sup>1</sup>, Schröder C<sup>1</sup>, Giesselmann S<sup>2</sup>, Tschernoster N<sup>7</sup>, Altmueller J<sup>7</sup>, Lamiral A<sup>4</sup>, Keren B<sup>6</sup>, Nava C<sup>6,8</sup>, Bouteiller D<sup>8</sup>, Forlani S<sup>8</sup>, Jornea L<sup>8</sup>, Kubica R<sup>1</sup>, Ye T<sup>9</sup>, Plassard D<sup>9</sup>, Jost B<sup>9</sup>, Meyer V<sup>10</sup>, Deleuze JF<sup>10</sup>, Delpu Y<sup>11</sup>, Avarello MDM<sup>11</sup>, Vijfhuizen LS<sup>12</sup>, Rudolf G<sup>9,13</sup>, Hirsch E<sup>13</sup>, Kroes T<sup>14</sup>, Reif PS<sup>15,16</sup>, Rosenow F<sup>15,16</sup>, Ganos C<sup>17</sup>, Vidailhet M<sup>8,18</sup>, Thivard L<sup>18</sup>, Mathieu A<sup>19</sup>, Bourgeron T<sup>19</sup>, Kurth J<sup>2</sup>, Rafehi H<sup>20,21,22</sup>, Steenpass L<sup>1</sup>, Horsthemke B<sup>1</sup>, FAME consortium, LeGuern E<sup>6,8</sup>, Klein KM<sup>15,16,23</sup>, Labauge P<sup>24</sup>, Bennett MF<sup>20,21,22</sup>, Bahlo M<sup>20,21</sup>, Gecz J<sup>14,25</sup>, Corbett MA<sup>14</sup>, Tijssen MAJ<sup>26</sup>, van den Maagdenberg AMJM<sup>12,27</sup>, Depienne C<sup>28,29,30</sup>.

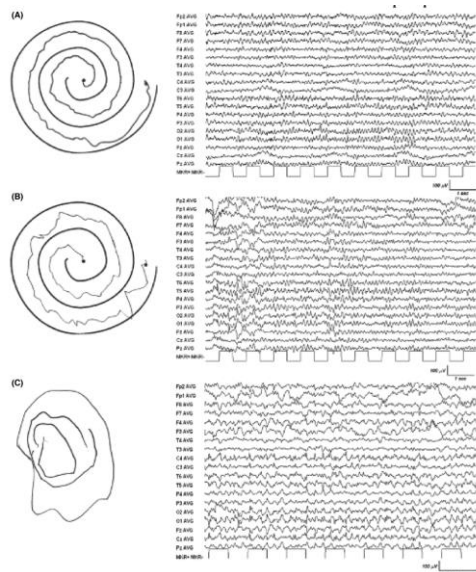
## Intronic ATTTC repeat expansions in STARD7 in familial adult myoclonic epilepsy linked to chromosome 2.

Corbett MA<sup>1</sup>, Kroes T<sup>1</sup>, Veneziano L<sup>2</sup>, Bennett MF<sup>3,4,5</sup>, Florian R<sup>6</sup>, Schneider AL<sup>5</sup>, Coppola A<sup>7</sup>, Licchetta L<sup>8,9</sup>, Franceschetti S<sup>10,11</sup>, Suppa A<sup>12,13</sup>, Wenger A<sup>14</sup>, Mei D<sup>15</sup>, Pendziwiat M<sup>16</sup>, Kaya S<sup>6</sup>, Delledonne M<sup>17</sup>, Straussberg R<sup>18,19</sup>, Xumerle L<sup>20</sup>, Regan B<sup>5</sup>, Crompton D<sup>5,21</sup>, van Rootselaar AF<sup>22</sup>, Correll A<sup>23</sup>, Catford R<sup>23</sup>, Bisulli F<sup>8,9</sup>, Chakraborty S<sup>14</sup>, Baldassari S<sup>8</sup>, Tinuper P<sup>8,9</sup>, Barton K<sup>24</sup>, Carswell S<sup>24</sup>, Smith M<sup>24,25</sup>, Berardelli A<sup>12,13</sup>, Carroll R<sup>1</sup>, Gardner A<sup>1</sup>, Friend KL<sup>23</sup>, Blatt I<sup>26</sup>, Iacomino M<sup>27</sup>, Di Bonaventura C<sup>12</sup>, Striano S<sup>28</sup>, Buratti J<sup>29</sup>, Keren B<sup>29</sup>, Nava C<sup>30</sup>, Forlani S<sup>30</sup>, Rudolf G<sup>31,32,33,34,35</sup>, Hirsch E<sup>34</sup>, Leguern E<sup>29,30</sup>, Labauge P<sup>36</sup>, Balestrini S<sup>37,38</sup>, Sander JW<sup>37,38</sup>, Afawi Z<sup>19</sup>, Helbig J<sup>16,39</sup>, Ishiura H<sup>40</sup>, Tsuji S<sup>40,41,42</sup>, Sisodiya SM<sup>37,38</sup>, Casari G<sup>43</sup>, Sadleir LG<sup>44</sup>, van Coller R<sup>45</sup>, Tijssen MAJ<sup>46</sup>, Klein KM<sup>47,48,49</sup>, van den Maagdenberg AMJM<sup>50</sup>, Zara F<sup>27</sup>, Guerrini R<sup>15</sup>, Berkovic SF<sup>5</sup>, Pippucci F<sup>51</sup>, Canafoglia L<sup>10,11</sup>, Bahlo M<sup>3,4</sup>, Striano P<sup>52,53</sup>, Scheffer IE<sup>5,54</sup>, Brancati F<sup>2,55,56</sup>, Depienne C<sup>6,31,35</sup>, Gecz J<sup>57,58</sup>.



# Familial adult myoclonus epilepsy: Clinical findings, disease course, and comorbidities

Beatriz G. Giraldez<sup>1,2</sup>  | José M. Serratosa<sup>1,2</sup> | Salvatore Striano<sup>3</sup> | Akio Ikeda<sup>4</sup>  |  
Pasquale Striano<sup>5,6</sup>  | Antonietta Coppola<sup>3</sup> 



# Familial adult myoclonus epilepsy: Neurophysiological investigations

Raffaele Dubbioso<sup>1</sup>  | Antonio Suppa<sup>2,3</sup>  | Marina A. J. Tijssen<sup>4,5</sup>  | Akio Ikeda<sup>6</sup> 

## 10 | VISUAL EVOKED POTENTIALS

Besides sensory-motor cortex hyperexcitability, FAME/BAFME patients might also display a significant increase of primary visual cortex excitability. The neurophysiological correlate is the significant enlargement of visual evoked potentials (VEPs).<sup>6</sup> In a recent study on BAFME patients carrying the intronic expansions in the *SAMD12* gene,<sup>29</sup> the authors have found giant VEPs as a reliable measure to detect photosensitive myoclonus elicited during flash stimulation.<sup>29</sup> Of interest, in these patients, the authors have observed a clinically overt reflex myoclonus induced by visual stimuli.



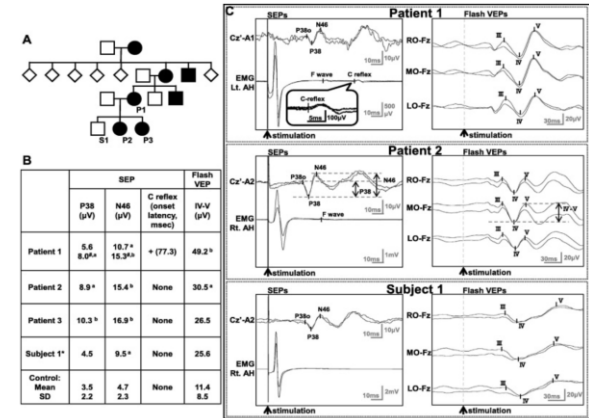
Clinical Neurophysiology  
Volume 131, Issue 4, April 2020, Pages 978-980



Letter to the Editor

## Clinical significance of the long-loop reflex and giant evoked potentials in genetically proven benign adult familial myoclonic epilepsy

Ai Demura, Yutaka Demura, Makiko Ota, Takayuki Kondo, Masako Kinoshita 





## Dystonia with aphonia, slow horizontal saccades, epilepsy and photic myoclonus: a novel syndrome?

Ganos C<sup>1</sup>, Biskup S<sup>2</sup>, Krüger S<sup>2</sup>, Meyer-Osores A<sup>3</sup>, Hodecker S<sup>4</sup>, Hagel C<sup>5</sup>, Schöls L<sup>6</sup>, Bhatia KP<sup>7</sup>, Münchau A<sup>8</sup>.

### De novo truncating variants in the intronless *IRF2BPL* are responsible for developmental epileptic encephalopathy

F. Tran Mau-Them, MD<sup>1,2</sup>, L. Guibaud, MD, PhD<sup>3,4</sup>, L. Duplomb, PhD<sup>2</sup>, B. Keren, MD, PhD<sup>5</sup>, K. Lindstrom, MD<sup>6</sup>, I. Marey, MD<sup>5</sup>, F. Mochel, MD<sup>5,7,8</sup>, M. J. van den Boogaard, MD, PhD<sup>9</sup>, R. Oegema, MD, PhD<sup>9</sup>, C. Nava, MD, PhD<sup>5</sup>, A. Masurel, MD<sup>10</sup>, T. Jouan, BS<sup>1,2</sup>, F. E. Jansen, MD<sup>11</sup>, M. Au, MBE, MS<sup>12</sup>, Agnes H. Chen, MD<sup>13</sup>, M. Cho, ScM, CGC<sup>14</sup>, Y. Duffourd, MS<sup>2</sup>, E. Lozier, MS<sup>15</sup>, F. Konovalov, PhD<sup>15</sup>, A. Sharkov, MD<sup>15,16</sup>, S. Korostelev, MD<sup>15</sup>, B. Urteaga, MS<sup>2</sup>, P. Dickson, MD<sup>17</sup>, M. Vera, MD, PhD<sup>17</sup>, Julián A. Martínez-Agosto, MD, PhD<sup>20</sup>, A. Begemann, MD<sup>18</sup>, M. Zweier, PhD<sup>18</sup>, T. Schmitt-Mechelke, MD<sup>19</sup>, A. Rauch, MD<sup>18</sup>, C. Philippe, PhD<sup>1,2</sup>, K. van Gassen, PhD<sup>9</sup>, S. Nelson, MD<sup>20</sup>, J. M. Graham Jr, MD, ScD<sup>12</sup>, J. Friedman, MD<sup>21</sup>, L. Faivre, MD, PhD<sup>2,10</sup>, H. J. Lin, MD<sup>17</sup>, C. Thauvin-Robinet, MD, PhD<sup>1,10</sup> and A. Vitobello, PhD<sup>1,2</sup>

### *IRF2BPL* Is Associated with Neurological Phenotypes

Paul C. Marcogliese,<sup>1,25</sup> Vandana Shashi,<sup>2,25</sup> Rebecca C. Spillmann,<sup>2</sup> Nicholas Stong,<sup>3</sup> Jill A. Rosenfeld,<sup>1</sup> Mary Kay Koenig,<sup>4</sup> Julián A. Martínez-Agosto,<sup>5,6,7</sup> Matthew Herzog,<sup>5</sup> Agnes H. Chen,<sup>8</sup> Patricia I. Dickson,<sup>8</sup> Henry J. Lin,<sup>8</sup> Moin U. Vera,<sup>8</sup> Noriko Salamon,<sup>9</sup> John M. Graham, Jr.,<sup>6</sup> Damara Ortiz,<sup>10</sup> Elena Infante,<sup>10</sup> Wouter Steyaert,<sup>11</sup> Bart Dermaut,<sup>11</sup> Bruce Poppe,<sup>11</sup> Hyung-Lok Chung,<sup>1</sup> Zhongyuan Zuo,<sup>1</sup> Pei-Tsang Lee,<sup>1</sup> Oguz Kanca,<sup>1</sup> Fan Xia,<sup>1</sup> Yaping Yang,<sup>1</sup> Edward C. Smith,<sup>12</sup> Joan Jasien,<sup>12</sup> Sujay Kansagra,<sup>12</sup> Gail Spiridigliozzi,<sup>13</sup> Mays El-Dairi,<sup>14</sup> Robert Lark,<sup>15</sup> Kacie Riley,<sup>2</sup> Dwight D. Koeberl,<sup>2</sup> Katie Golden-Grant,<sup>16</sup> Program for Undiagnosed Diseases (UD-PrOZA), Undiagnosed Diseases Network, Shinya Yamamoto,<sup>1,17,18,19</sup> Michael F. Wangler,<sup>1,17,18</sup> Ghayda Mirzaa,<sup>20,21</sup> Dimitri Hemelsoet,<sup>22</sup> Brendan Lee,<sup>1</sup> Stanley E. Nelson,<sup>5</sup> David B. Goldstein,<sup>3</sup> Hugo J. Bellen,<sup>1,17,18,19,23,\*</sup> and Loren D.M. Pena<sup>2,24,\*</sup>

## IRF2BPL mutations cause autosomal dominant dystonia with anarthria, slow saccades and seizures

Christos Ganos<sup>1</sup>, Simone Zittel<sup>2</sup>, Ute Hidding<sup>2</sup>, Claudia Funke<sup>3</sup>, Saskia Biskup<sup>3</sup>, Kailash P Bhatia<sup>4</sup>



## ***IRF2BPL* as a novel causative gene for progressive myoclonus epilepsy**

Elena Gardella , Roberto Michelucci, Hanne M. Christensen, Christina D. Fenger, Chiara Reale, Patrizia Riguzzi, Elena Pasini, Luca Albini-Riccioli, Valentina Papa, Maria Pia Foschini, Giovanna Cenacchi, Francesca Furia, Dragan Marjanovic, Trine B. Hammer, Rikke S. Møller, Guido Rubboli

### BRIEF REPORT

## **IRF2BPL-Related Disorder, Causing Neurodevelopmental Disorder with Regression, Abnormal Movements, Loss of Speech and Seizures (NEDAMSS) Is Characterized by Pathology Consistent with DRPLA**

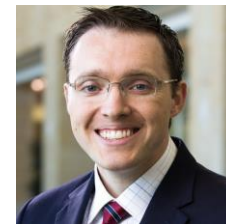
> [Parkinsonism Relat Disord.](#) 2020 Apr 9;S1353-8020(20)30094-8.  
doi: 10.1016/j.parkreldis.2020.03.030. Online ahead of print.

## **IRF2BPL Mutation Causes Nigrostriatal Degeneration Presenting With Dystonia, Spasticity and Keratoconus**

Lisa Prilop <sup>1</sup>, Ralph Buchert <sup>2</sup>, Sarah Woerz <sup>3</sup>, Christian Gerloff <sup>1</sup>, Tobias B Haack <sup>4</sup>, Simone Zittel <sup>5</sup>



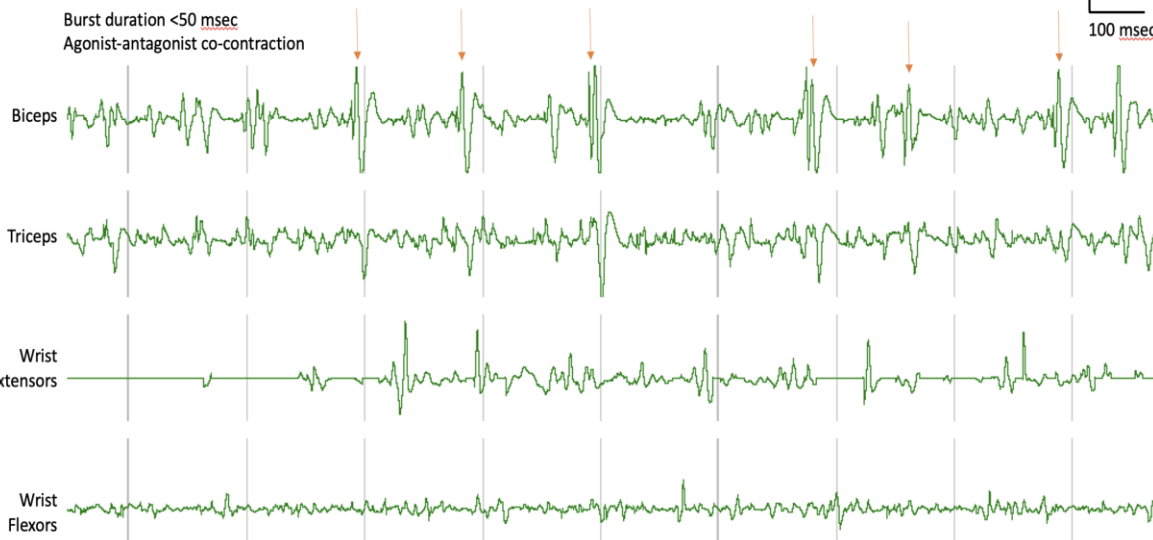




## Myoclonus during postural holding

Burst duration <50 msec  
Agonist-antagonist co-contraction

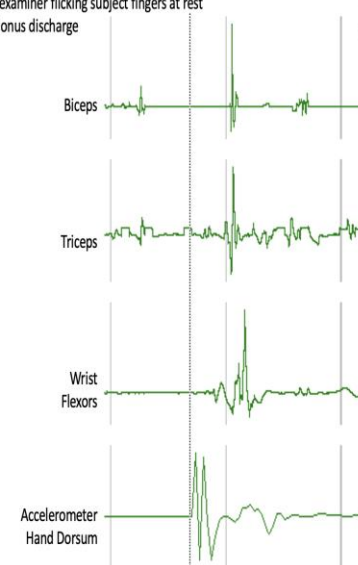
100 msec



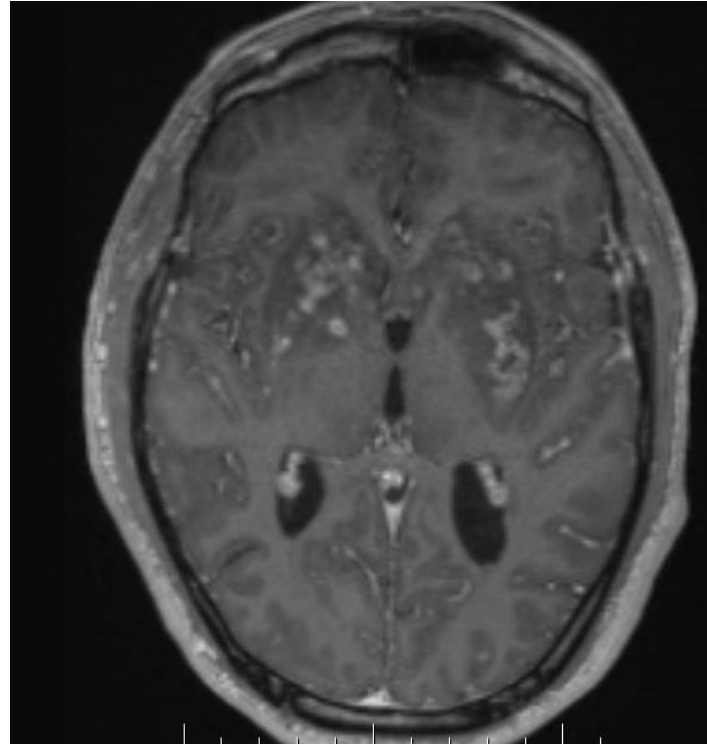
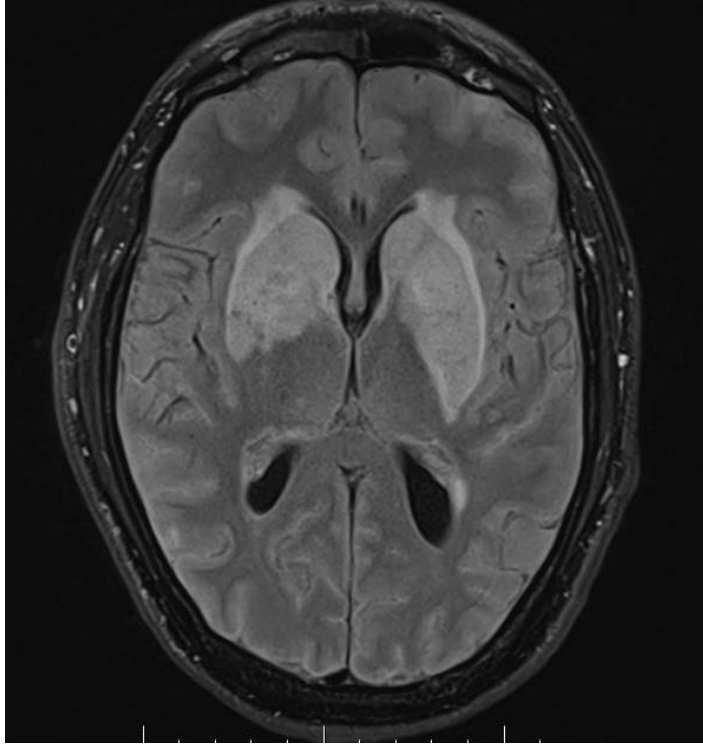
## Myoclonus triggered by tactile stimulus

Artifact in accelerometer: examiner flicking subject fingers at rest  
~60 msec latency to myoclonus discharge

100 msec



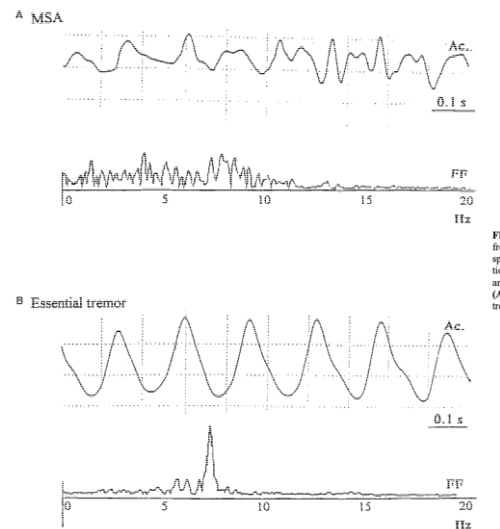
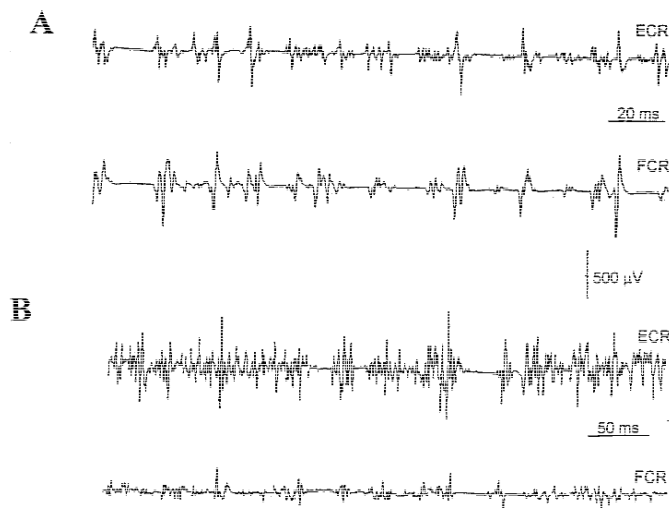
# Cryptococcal Meningoencephalitis





# Postural and Action Myoclonus in Patients With Parkinsonian Type Multiple System Atrophy


Gabriel Salazar, MD, Josep Valls-Solé, MD, Maria J. Martí, MD, Helen Chang, MD, and Eduardo S. Tolosa, MD







# Stimulus Sensitive Foot Myoclonus: A Clue to Coeliac Disease

Silvia Jesús MD, PhD, Anna Latorre MD, Angel Vinuela MD, Stanley Fahn MD, FAAN, Kailash P. Bhatia FRCP , Bettina Balint MD



## **Progressive myoclonic ataxia associated with coeliac disease. The myoclonus is of cortical origin, but the pathology is in the cerebellum**

K P Bhatia <sup>1</sup>, P Brown, R Gregory, G G Lennox, H Manji, P D Thompson, D W Ellison, C D Marsden

# **Cortical myoclonus and cerebellar pathology**

M.A. J. Tijssen, M. Thom, D.W. Ellison, P. Wilkins, D. Barnes, P.D. Thompson, P. Brown

## **The Role of the Cerebellum in the Pathogenesis of Cortical Myoclonus**

Christos Ganos, MD,<sup>1,2,3</sup> Panagiotis Kassavetis, MD,<sup>1</sup> Roberto Erro, MD,<sup>1</sup> Mark J. Edwards, MD,<sup>1</sup>  
John Rothwell, PhD,<sup>1</sup> and Kailash P. Bhatia, MD, FRCP<sup>1\*</sup>





# Spinal cord $\alpha$ -synuclein deposition associated with myoclonus in patients with MSA-C

## UPDATE

### Unravelling the enigma of cortical tremor and other forms of cortical myoclonus

 Anna Latorre,<sup>1,2</sup> Lorenzo Rocchi,<sup>1</sup>  Francesca Magrinelli,<sup>1,3</sup> Eoin Mulroy,<sup>1</sup> Alfredo Berardelli,<sup>2,4</sup> John C. Rothwell<sup>1</sup> and Kailash P. Bhatia<sup>1</sup>



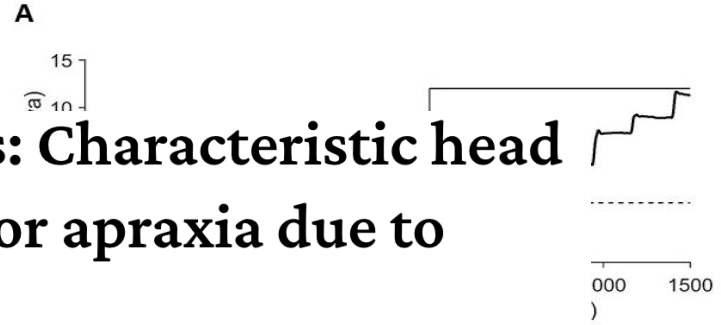
## Myoclonus in SCGE Myoclonus Dystonia syndrome



**What type of jerking is this?**

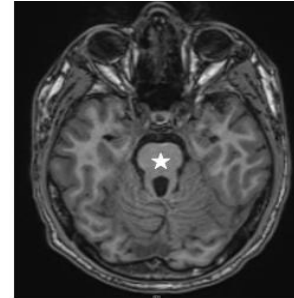
What type of jerking is this?

# Teaching Video NeuroImages: Characteristic head jerks in congenital oculomotor apraxia due to Joubert syndrome



Friederike Borngräber, MD, Yangfan Peng, MD, Florian Ostendorf, MD, Andrea A. Kühn, MD, and Christos Ganos, MD

[AUTHORS INFO &](#)



# Thank you ... !



Medicine  
UNIVERSITY OF TORONTO

Neurology

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Toronto Western Hospital Movement Disorders Centre

