

UC Irvine

UC Irvine Previously Published Works

Title

Palatal myoclonus in children

Permalink

<https://escholarship.org/uc/item/5b12x1bg>

Journal

Neurology, 39(6)

ISSN

0028-3878

Authors

Baram, TZ
Parke, JT

Publication Date

1989-06-01

DOI

10.1212/wnl.39.6.877-a

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

Palatal myoclonus in children

To the Editor: We recently saw a 9-year-old girl with the onset of palatal myoclonus about 14 days after developing (and a few days after resolving) an uncomplicated upper respiratory tract infection. Reviewing the literature, we noted a letter in *Neurology*¹ on this subject. The authors, reporting a 5½-year-old boy, state that "only one other child with palatal myoclonus has been reported: a 7-year-old girl." Our review revealed an additional 4 children who had previously been reported. Litman and Hausman² described a 6-year-old boy who had bilateral palatal myoclonus lasting for approximately 10 months before resolving spontaneously. Quarry³ had previously reported another 6-year-old boy with unilateral findings. Tanaka et al⁴ had also described their experience with a 6-year-old boy whose palatal myoclonus disappeared with sleep. Toland et al⁵ portrayed a 34-year-old man with the onset of palatal myoclonus at age 5. Over the next several years, this patient evolved a degenerative neurologic disorder. While coincidental diseases are plausible, this case raises the possibility that, in some patients, persistent palatal myoclonus might be a harbinger of neurologic disease that may not manifest itself for decades.

From our review of the English-language literature, case reports of "typical" palatal myoclonus in childhood have been infrequent. Indeed, since 1972, the reports located by our search focused on atypical features: one in which myoclonus occurred bilaterally,² one in which the myoclonus disappeared during sleep,⁴ one in which there was a temporal relationship between the onset of the myoclonus and acute encephalitis,¹ one in which there was an apparent 30-year time lag between the myoclonus and neurologic degeneration,⁵ and one contender for the first report of spontaneous resolution of palatal myoclonus.⁶ If typical cases are unlikely to be submitted or published, they may be more frequent than anticipated by the attention afforded in the literature.

Gary N. Fox, MD
Reading, PA

Reply from the Authors: We were pleased to see another report of palatal myoclonus in a child. Unfortunately, Dr. Fox has provided few details about the onset, nature, evaluation, and resolution of palatal myoclonus in his case.

Dr. Fox did not limit himself to neurology journals and found case reports of palatal myoclonus in the otolaryngology literature.^{2,3,6} It seems that in this era of "manuscript explosion," the scope of the "literature" depends on the power of the particular computer-aided search used. Thus, utilizing Paperchase, we unearthed a number of series⁷⁻¹³ and case reports¹⁴⁻²¹ of palatal myoclonus in children and adolescents; several were published in French,¹⁷ Polish^{18,19} or Italian.¹⁵

There is probably always a discrepancy between the occurrence and reporting of unusual cases. The aim of our letter was not a literature review; we sought to point out the distinction between palatal myoclonus, a rare entity, and myoclonic epilepsy, and to emphasize that, unlike the usual case in adults, palatal myoclonus can be a harbinger of neurologic dysfunction in children.

Tallie Z. Baram, MD, PhD
Los Angeles, CA

Julie T. Parke, MD
Houston, TX

References

1. Baram TZ, Parke JT, Mahoney DH. Palatal myoclonus in a child: herald of acute encephalitis. *Letter. Neurology* 1986;36:302-303.
2. Litman RS, Hausman SA. Bilateral palatal myoclonus. *Laryngoscope* 1982;92:1187-1189.
3. Quarry JG. Unilateral objective tinnitus. A case and a cure. *Arch Otolaryngol* 1972;96:252-253.
4. Tanaka M, Suzuki H, Kawarabayashi T, Morimatsu M, Hirai S. Palatal myoclonus disappears in sleep. *Letter. Neurology* 1984;34:406-407.
5. Toland AD, Porubsky ES, Coker NJ, Adams HG. Velo-pharyngo-laryngeal myoclonus: evaluation of objective tinnitus and extrathoracic airway obstruction. *Laryngoscope* 1984;94:691-695.
6. Jacobs L, Newman RP, Bozian D. Disappearing palatal myoclonus. *Neurology* 1981;31:748-751.
7. Herrmann C Jr, Brown JW. Palatal myoclonus: a reappraisal. *J Neurol Sci* 1967;5:473-492.
8. Leventon G, Man A, Floru S. Isolated psychogenic palatal myoclonus as a cause of objective tinnitus. *Acta Otolaryngol (Stockh)* 1968;65:391-396.
9. David NJ. Neurological tips for the otolaryngologist. *Laryngoscope* 1968;78:780-787.
10. Lugaresi E, Coccagna G, Mantovani M, Berti-Ceroni G, Pazzaglia P, Tassinari CA. The evolution of different types of myoclonus during sleep. A polygraphic study. *Eur Neurol* 1970;4:321-331.
11. Mastaglia FL, Grainger MR, Kakulas BA. Palatal myoclonus and associated movements. *Proc Aust Assoc Neurol* 1974;11:183-187.
12. Lyons GD, Melancon BB, Kearby NL, Zimny M. The otological aspects of palatal myoclonus. *Laryngoscope* 1978;88:930-936.
13. East CA, Hazell JW. The suppression of palatal (or intra-tympanic) myoclonus by tinnitus masking devices. A preliminary report. *J Laryngol Otol* 1987;101:1230-1234.
14. Haberland C, Brumlik J. Palatal myoclonus associated with cerebellar neoplasm in von Recklinghausen's disease: a clinicopathologic study. *Psychiatr Neurol (Basel)* 1967;154:209-229.
15. Castellotti V, Scotti G, Vignolo LA. Myoclonus of the muscle with bulbar innervation following a mild closed cranial injury. *Riv Patol Nerv Ment* 1970;91:169-181.
16. Prusiewicz A, Sokolowski Z, Zgorzalewicz B. Case of palatal myoclonus in a child. *Otolaryngol Pol* 1971;25:537-540.
17. Michel D, Meuret J, Haguenaer JP, Schott B. Posttraumatic palatal and ocular myoclonus. Polygraphic study during wakefulness and sleep. *Rev Otoneuroophthalmol* 1972;44:113-124.
18. Shaddock SH, Shaddock LB, Black SP. Palatal myoclonus following head injury. *J Trauma* 1972;12:353-357.
19. Gryczynska D. Case of tinnitus due to palatal myoclonus. *Otolaryngol Pol* 1972;26:593-596.
20. Fitzgerald DC. Palatal myoclonus—a case report. *Laryngoscope* 1984;94:217-219.
21. Siegel MA. Bilateral palatal myoclonus: report of a case. *J Am Dent Assoc* 1987;114:333-334.