

Letter to the Editors

Sleep-Related Infantile Tremor: Confirmation of a Case With EEG Monitoring

Benign nonepileptic movements in infancy and childhood are common and include benign sleep myoclonus, shuddering attacks, paroxysmal torticollis, and stereotypies.¹ Sleep-related phenomenon can be particularly concerning for parents and providers, and episodes during sleep may be even more difficult to distinguish from seizures.² Tremor is well described in infancy and ranges from neonatal jitteriness to early-onset essential tremor.^{3,4} However, only one report exists in the literature characterizing tremor related to sleep onset.⁵ The infant was reported to have been otherwise normal, and the movements were described as a coarse tremor of the head, arms, and hands while transitioning to sleep, starting at 4 months of life. Tremor disappeared by 8 months of age. We report a second case of infantile tremor associated with sleep onset during feeding, with concurrent electroencephalogram monitoring throughout the event.

The patient is a previously well 6-month-old male, who presented after a possible seizure. The previous history was unremarkable. The parents reported no systemic manifestations, and he appeared otherwise well. His mother, a physician, reported several episodes over 2 weeks of rhythmic shaking of the trunk, head, neck, and arms in association with sleep onset during feeding. She described movements that were moderate in amplitude, with an approximate frequency of 4 to 6 Hz, lasting 10 seconds. They were usually followed by normal sleep; however, the mother was able to interrupt the event by waking the baby. During these episodes, he would frequently continue to suck and, upon awakening, would return to normal feeding behavior. There were no associated color changes or posturing, and reflux was not a clinical concern. There were no other movements during sleep. Development was previously normal and there was no family history of epilepsy. The patient underwent outpatient electroencephalogram monitoring. During the episodes, no epileptiform abnormalities were demonstrated while undergoing EEG monitoring (Fig. 1). Nonepileptic movements of infancy are often a source of concern for parents and providers.¹ They are frequently mistaken for seizures, and the children are often subject to lengthy diagnostic evaluations and inappropriate medical treatment.^{1,6} Many of these are entirely benign and are not associated with any long-term sequelae.⁷ Reassurance is particularly important, as is proper anticipatory guidance, to ensure that parents understand the expected natural history of these movements.

This case appears to confirm the occurrence of a unique nonepileptic movement phenomenon of infancy, associated

with the transition to sleep, often noted while feeding. This has been previously described as “sleep-related infantile tremors.”⁴ The movements appear to be distinct from benign neonatal sleep myoclonus, and characteristic of tremor, rather than clonic or myoclonic movements. Although long-term follow-up is not available for this infant, no associated neurological manifestations of concern have been evident since presentation over a 6-month period. The single previous report also describes this as a benign phenomenon. The long-term implications, however, remain to be further elucidated. Recommendations for management include using home video to capture events. Careful historical characterization regarding the ability to abort the spell by waking the child, and the absence of attendant neurological manifestations, is also important in helping to rule out seizure as a cause. If the movement occurs in a child with preexisting neurological difficulties (e.g., developmental delay), a lower threshold for evaluation using electroencephalogram is reasonable, given the common misinterpretation of paroxysmal events as seizure in this population. Ambulatory EEG proved particularly helpful in this circumstance, allowing for prolonged outpatient monitoring of the patient’s spells. Although parents can be reassured that these events are not epileptiform, further follow-up of larger populations of such patients is necessary to characterize movements definitively as completely benign.

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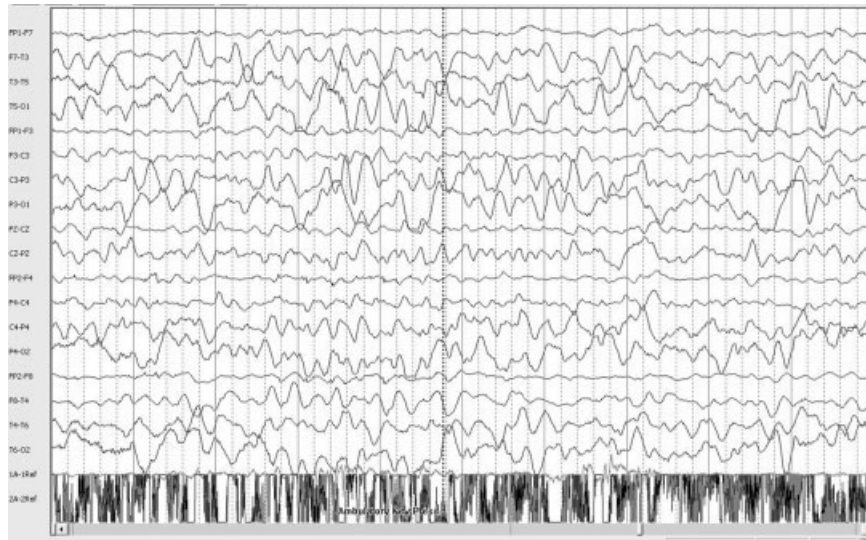


FIG. 1. EEG during the event. Moderate-amplitude theta and delta rhythms, most consistent with an arousal pattern. There are no epileptiform findings evident.

Prevalence and Clinical Characteristics of Restless Legs Syndrome in Japanese Patients With Parkinson's Disease

We read with interest the recent report by Nomura and colleagues.¹ Their study provided extensive data on the prevalence and clinical characteristics of restless legs syndrome (RLS) in Japanese patients with Parkinson's disease (PD). They found 20 PD patients who also had a diagnosis of RLS, but only 2 of them (10%) had a positive family history of RLS.

We reviewed the Mayo Clinic Jacksonville computerized clinical database for patients with diagnoses of PD and RLS from 1 January 2005 to 30 April 2006. We found 25 Caucasian patients diagnosed as having both PD and RLS, 8 (32%) of whom reported a positive family history of RLS. We also follow a 125-member Caucasian kindred with Parkinsonism, essential tremor (ET), and RLS. Of the 22 affected members in this kindred, 6 have been diagnosed as having PD alone, 4 have ET alone, 6 have RLS alone, 4 have both PD and ET, and 2 have both PD and RLS.² Therefore, we believe that the suggestion by Nomura and colleagues¹ that "RLS in PD patients does not occur on a genetic basis" may not be accurate for the Caucasian population.

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Published online 6 November 2006 in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/mds.21212

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Occupational Dystonia Affecting Truncal Muscles in a Bricklayer

Occupational dystonias are focal task-specific dystonias due to involuntary co-contraction and overflow of activity to inappropriate muscles. They are known to affect writers, typists, musicians, billiard players, dart throwers, and golfers (the "yips") and frequently present as writer's cramp or musician's dystonia. The dominant upper extremity is the most commonly affected area. We report a case of occupational dystonia involving truncal muscles in a bricklayer.

A 55-year-old man presented to us with painful muscle cramps in his abdominals and proximal quadriceps, which had worsened over the past 37 years. Symptoms started shortly after he had started bricklaying, when he would contract his abdominal muscles (rather than contracting his paraspinal muscles like his coworkers) while lifting heavy loads. These contractions became involuntary cramps that occurred either early in the morning before breakfast or during rest after exercise lasting up to days, causing a sick feeling in his stomach. They

Published online 6 November 2006 in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/mds.21215