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CASE REPORT

Myoclonus Revealing a Psychogenic Abnormal Movement Regarding a Case CHU Ignace DEEN

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Abstract

Introduction: Psychogenic abnormal movements (PAM) are classified in the so-called conversion phenomena themselves grouped under the term somatoform disorders. Difficult to diagnose.

Observation: We report a case of psychogenic abnormal movements. This is a 24-year-old woman who came for abnormal movements of myoclonic type affecting the 4 limbs, the face and the trunk. In a context of sexual abuse for 8 years. The clinical examination revealed an extrapyramidal syndrome, the brain scan, biology, EEG, lumbar puncture, did not reveal any particularities. The evolution was marked by a decrease in the frequency of myoclonus under haloperidol.

Conclusion: The management of psychogenic abnormal movements requires rigorous diagnosis, clear disclosure, the establishment of clear and measured therapeutic objectives, and stable monitoring by the treating neurologist who remains the pivot of care and who involves stakeholders from other disciplines at each stage.

Keywords: Abnormal Psychogenic Movements Conversion, Neurology, Ignace Deen.

1. Introduction

Psychogenic movement disorders (PMDs) are disorders characterized by the presence of physical signs suggesting the existence of a somatic disease in the absence of organic lesion and the symptoms being related to psychological factors [1]. In general consultation, the frequency of psychogenic abnormal movements is about 2–3%, but can reach 20% in centers[2]. The positive diagnosis is based on clinical criteria developed by Fahn and Williams [3] which characterize MAP as follows: sudden onset, inconsistency/incongruence, distractibility, entrainment, fatigue, asthenia, non-systematized disorders, associated somatization, improvement secondary to psychotherapyManagement is complex and diverse. [4] The prognosis of MAP is influenced by several factors: age less than 40 years, sudden onset, early management (within 6 to 12 months) of the first episode, absence of psychiatric comorbidity [5]. We report the observation of a patient hospitalized for psychogenic movement disorders in order to determine the clinical, therapeutic and evolutionary particularities of patients with psychogenic movement disorders.

2. Observation

This was a 24-year-old patient, admitted for abnormal movements involving the face, trunk and 4 limbs evolving for 5 months with a history of sexual abuse for 8 years. On neurological examination, hypertonia was noted in the 4 limbs. Abnormal movements of the myoclonus type were noted involving the face and the roots of the 4 limbs, exaggerated by the simple sight of an examining physician and disappearing thanks to maneuvers such as during physiotherapy.

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The psychiatric examination was dominated by chewing movements, tilting of the trunk, thrusting of the pelvis, and movements of the fingers of the hand like a game of tokens. The brain scan without injection of contrast product, electroencephalogram, as well as the biological assessment did not reveal any particularities. She benefited as treatment from Biperidène Lp 4 mg (1 tablet/day) for 1 month as well as Clonazepam 1 mg/1 ml for 2 weeks.The evolution was favorable marked by a decrease in the frequency of myoclonus.

3. Discussion

Psychogenic abnormal movements are sources of diagnostic errors, therapeutic failures and contribute to the multiplication of paraclinical explorations, the psychogenic character sometimes only becoming evident retrospectively [5].The age of our patient was lower than that of the literature which states the average age between 37 and 50 years.The female preponderance, agrees with the data reported by Jankovic, in a study published in 2005 which had reported a prevalence of 72% in MAP [6]. It was noted that one patient had a history of sexual abuse. Indeed, the history of sexual abuse is estimated at 19.4% in MAP, reported by Thomas in 2006 [6]. The clinical semiology of psychogenic abnormal movements does not correspond to the expected neurological systematization [7]. These disorders also present common anamnestic and clinical characteristics that must be looked for [7]. The notion of a sudden onset, a similar semiology in the entourage, a preserved functional adaptation despite spectacular clinical manifestations are essential elements to highlight. [8] Psychogenic myoclonus is rarely noted during the clinical examination, it is most often phenomena reported during an interview [8]. Semiologically, they are far from organic myoclonus by their more prolonged duration, as well as their kinetics evoking a voluntary movement [7]. As a result, some authors have proposed the term psychogenic spasms to describe these myoclonus. It should also be noted that these myoclonus do not interfere with movements or disappear during a distraction task. When the clinical examination, sometimes supplemented by a video recording, does not allow the etiological diagnosis of a movement disorder to be made, the use of neurophysiological explorations provides assistance in the diagnosis [6]. The Fahn and William criteria found in our patient were sudden onset, inconsistency, distractibility, fatigue, asthenia, and non-systematized disorders. She benefited from antidepressants and anxiolytics as treatment.To date, the management of patients with psychogenic movement disorders remains very difficult. Although it is the subject of general recommendations, a wide variety of strategies are applied on a daily basis depending on the teams and countries. In addition, it is extremely difficult to put together a multidisciplinary team to support patients whose diagnosis is difficult[. 9].Psychotherapy, behavioral therapy, hypnosis, anxiolytic or antidepressant treatment can be offered depending on the needs and resources of the psychiatric teams [10]. The evolution was marked by a decrease in the frequency of myoclonus. We found only a few data in the literature on the evolution and they are quite variable. For patients with MAP, different studies find a persistence of symptoms for 65 to 95% of patients [8].

4. Conclusion

The management of psychogenic abnormal movements requires rigorous diagnosis, clear disclosure, the establishment of clear and measured therapeutic objectives, and stable monitoring by the treating neurologist who remains the pivot of care and who enlists the help of other disciplines at each stage. Vigilance remains the key word to ensure long-term monitoring (prognosis) and, while clearly managing the psychogenic component,

Conflicts of interest

The authors declare no conflict of interest.

5. References

1. Dimsdale J, Creed F. The proposed diagnosis of somatic symptom disorders in DSM-V to replace somatoform disorders in DSM-IV: a preliminary report. J Psychosom Res 2009;66:473–6.
2. Factor SA, Podskalny GD, Molho ES. Psychogenic movement disorders: frequency, clinical profile, and characteristics. J Neurol Neurosurg Psychiatry. 1995;59:406–12.
3. Fahn S.. Psychogenic movement disorders. In: Marsden CD., Fahn S. (eds). Movement disorders 3. Oxford: Butterworth-Heinemann. pp. 1994;359-372.
4. Espay AJ, Goldenhar LM, Voon V, Schrag A, Burton N, Lang AE. Opinions and clinical practices related to diagnosing and managing patients with psychogenic movement disorders: an international survey of movement disorder society members. Mov Disord. 2009;24:1366–74.
5. Gupta A, Lang AE. Psychogenic movement disorders. Curr Opin Neurol. 2009;22:430–6
6. Jankovic J, Thomas M. Psychogenic tremor and shaking In Hallett M Fanh s, Jankovic J, Lang AE,

Clninger CR, Yodofsky FC, Psychogenic movement disorders, Lipponcott Williams and Wilkins, pp42-47.

7. Scherfler C, Schwarz J, Antonini A, Grosset D, Valldeoriola F, Marek K, et al. Role of DAT-SPECT in the diagnostic work up of parkinsonism. Mov Disord 2007;22:1229–38.
8. Espay AJ, Goldenhar LM, Voon V, Schrag A, Burton N, Lang AE. Opinions and clinical practices related to diagnosing and managing patients with psychogenic movement disorders: an international survey of movement disorder society members. Mov Disord. 2009;24:1366–74
9. Chastan N, Parain D, Verin E, Weber J, Faure MA, Marie JP. Psychogenic aphonia: spectacular recovery after motor cortex transcranial magnetic stimulation. J Neurol Neurosurg Psychiatry. 2009;80:94.
10. Espay AJ, Goldenhar LM, Voon V, Schrag A, Burton N, Lang AE. Opinions and clinical practices related to diagnosing and managing patients with psychogenic movement disorders: an international survey of movement disorder society members. Mov Disord. 2009;24:1366–74.