Pediatric Movement Disorders

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Bresnan Course – September 2020

Disclaimers

• I do not have financial relationships with any forprofit corporations or entities.

All patients have consented for videotaping

Learning objectives

Use language to describe abnormal movements

Identify a few common movement disorders

Identify a few uncommon but treatable movement disorders



Epidemiology

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1

Tics
Stereotypies
Dystonia
Chorea
Tremor
Myoclonus

HYPERKINETIC

2

Cerebellar ataxia Sensory ataxia

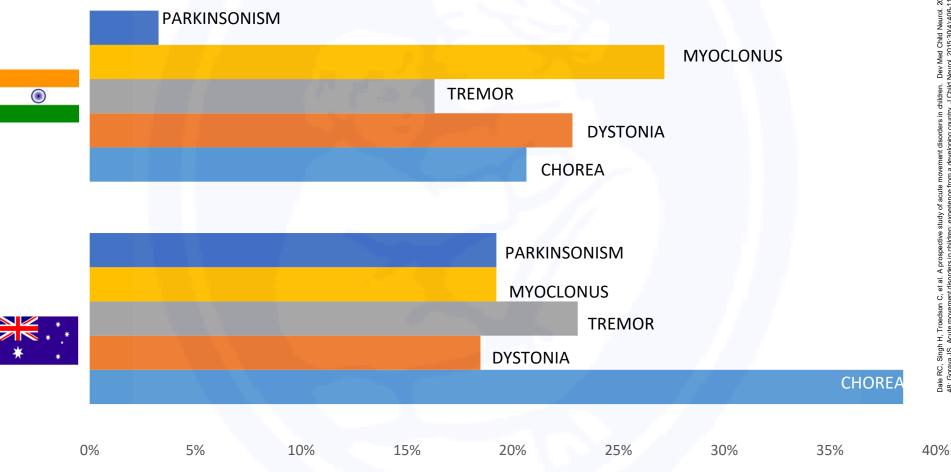
ATAXIC

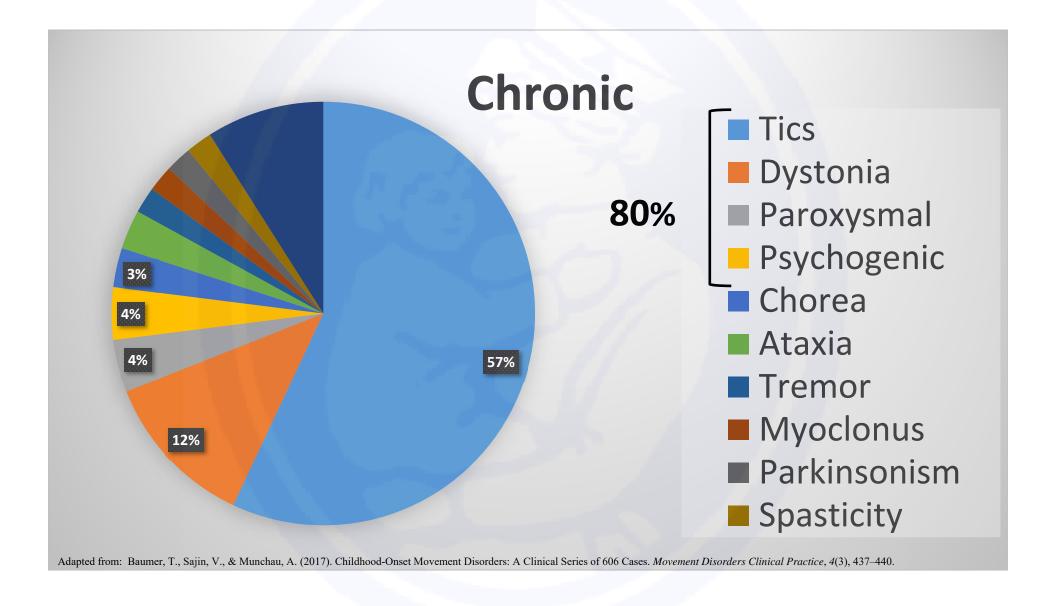
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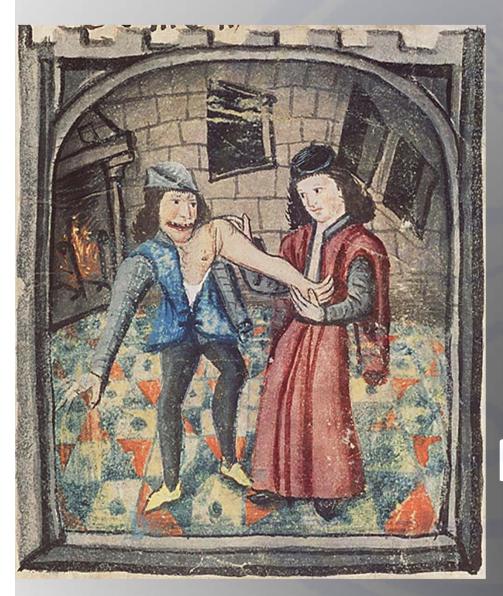
Parkinsonism

HYPOKINETIC

Acute Movement Disorders (NOT INCLUDING TICS)







Phenomenology

https://upload.wikimedia.org/wikipedia/commons/1/12/Physician_setting_a_dislocated_arm.jpg

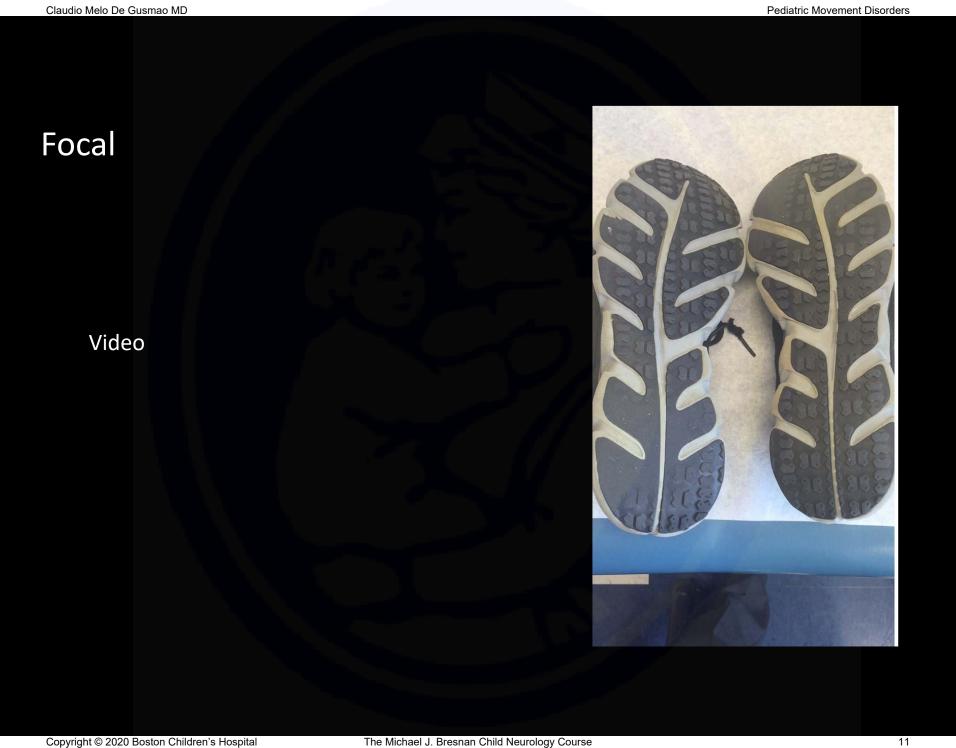
Dystonia

Dystonia



Patterned, sustained or intermittent muscle contractions causing abnormal, often repetitive, movements and/or postures

Albanese, 2013 | Breakfield 2008



Segmental

Hemidystonia

Generalized

Overflow

Video

Adapted from Meyer E, Carss KJ, Rankin J, et al. Mutations in the histone methyltransferase gene KMT2B cause complex early-onset dystonia. Nat Genet 2017;49(2):223–37.

Sensory trick





Brissaud - 1894

Video

Martins J, Darling A, Garrido C, et al. Sensory Tricks in Pantothenate Kinase-Associated Neurodegeneration: Video-Analysis of 43 Patients. Mov Disord Clin Pract 2019;6(8):704–7.

Chorea

Chorea – Motor impersistence



Touchdown sign



Piano playing



Milkmaid grip



Darting tongue

Video

12yo boy. Has had movements of his fingers, arms and sometimes trunk since 1 yo. When young, would wake up with twitching and very evident movements early morning, but over the years became more permanent. His father has similar movements.

Athetosis

Chorea

Ballismus

Severity

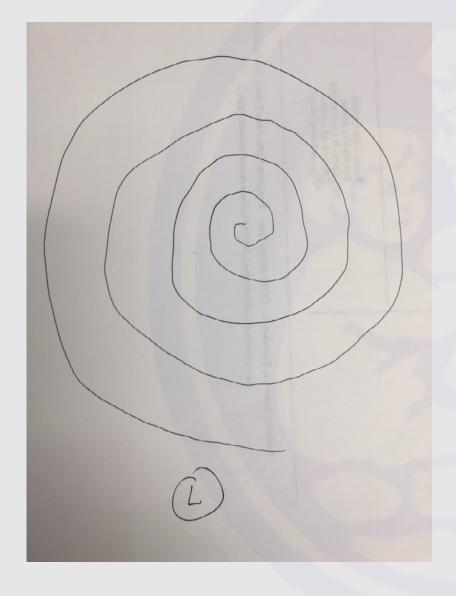
What about dyskinesia?

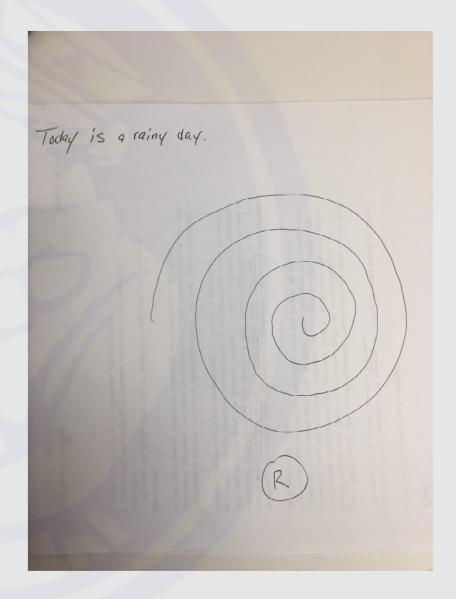


Video

7yo girl with hypoxic ischemic encephalopathy with dyskinetic CP

Tremor





Tremor qualifiers



Myoclonus

Claudio Melo De Gusmao MD Pediatric Movement Disorders Video 21 yo man with a history of obsessive compulsive symptoms and autism spectrum disorder. He has had "twitches" since age 4.5.

Ataxia

Parkinsonism

Core criteria

Bradykinesia

+

Resting Tremor

OR

Rigidity

Older authors included

Postural instability

Pediatric parkinsonism

- Hypokinesia >> Bradykinesia
- Often with associated dystonia



clinical scenarios

By https://wellcomeimages.org/indexplus/obf_images/04/aa/df6e2ce39c21c846a68959d65e62.jpgGallery: https://wellcomeimages.org/indexplus/image/v0011195.htmlWellcome Collection gallery (2018-03-23): https://wellcomecollection.org/works/jrktze3n CC-BY-4.0, CC BY 4.0, https://commons.wikimedia.org/w/index.php?curid=36461615

Benign developmental disorders

4 month old boy, normal development. Pregnancy and labor unremarkable.

Intermittent, abnormal movement in his legs since birth.

Video

Jitteriness

Video courtesy Dr. Daniel Davila

1 month old girl, normal pregnancy and delivery.

Mom noted movements while asleep.

Video

Benign Neonatal Sleep Myoclonus

Video

4yo boy with minor speech delay. "Hand movements" often when engaged in activity (such as legos) or idle.

Movements occur mostly when:

- engaged in activity (eg, play)
- excited
- bored

Easily distractible.

Adapted from Singer H, Mink J, Gilbert D, Jankovic J. Movement Disorders in Childhood. 1st Ed, Philadelphia, PA: Saunders; 2010.



Variability	change over time	Generally stable
Comorbid	ADHD, Anxiety, OCD	None OR developmental disorders
Treatment	α_{2} agonists, anti-	(Behavioral therapy ?)
	dopaminergics, topiramate,	
	CBIT, Botox, (DBS?)	

Video

Normally developing 6 month old boy has developed these spells. Begins with sudden staring, then opening of the mouth, shivering movements. They last few seconds, abrupt onset/offset. Having up to 10 of those/day. 1. Often occurred when eating.

Adapted from: Tibussek D, Karenfort M, Mayatepek E, Assmann B. Clinical reasoning: shuddering attacks in infancy. Neurology 2008;70(13):e38-41.

Shuddering attacks

But... Consider getting an EEG

Frontal lobe epilepsy with atypical seizure semiology resembling shuddering attacks or wet dog shake seizures

Alena Jahodova¹, Pavel Krsek¹, Vladimir Komarek¹, Martin Kudr¹, Martin Kyncl², Josef Zamecnik³, Michal Tichy⁴

Epileptic Disord 2012; 14 (1): 69-75

Acquired immunemediated

Hemichorea

Video

Sydenham's Chorea

Weeks or months after GABHS infection

May occur without carditis or arthritis

• May be asymmetric in 10-30% of cases!!

• BUT: think about neuroimaging, SLE and APLS

Chorea differential

Diagnostic Testing

Throat culture Antistreptolysin O titer (ASO) Sydenham's AntiDNase B titer Electrocardiography Echocardiography Thyroid function tests Hyperthyroidism Complete blood count, Metabolic profile Acanthocytosis, hyperglycemia Antinuclear antibody Erythrocyte sedimentation rate Magnetic resonance imaging of brain ADEM, autoimmune, mitochondrial Serum ceruloplasmin concentration Antiphospholipid/anticardiolipin antibodies, ANA Wilson's disease, SLE, APLS Urine drug screen Drug-induced Urine human chorionic gonadotropin concentration Chorea gravidarum

Neurometabolic and genetic tests in select cases

Adapted | Mink, 2010

Genetic - treatable

Video



12 yo boy with spells of abnormal movements. They seem to occur after initiating movement or standing up from sitting position. Some dizziness before the spells.

Happening about 10 times/day. EEG was negative



The attacks of this 23-year-old male had their onset at 10 years of age, and gradually increased in frequency until reaching a rate of almost once each day. The attacks consisted of peculiar, purposeless, irregular involuntary movements, with a very short duration. These were triggered by sudden movement, and initiated from the legs sometimes spreading to the body with right-side dominance. They were preceded by an odd sensation, a kind of sensory aura (...) The patient had never lost consciousness, and abnormal neurological signs were totally absent.

Atypical case of Thomsen's disease; Kure S. 1892 Tokyo Igakukai Zasshi 6, 505-514





Paroxysmal kinesigenic dyskinesia

- Age of onset between 1-20 yo
- Triggered by movement
- Short duration (< 1min)
- No LOC or pain
- Responds to AED (eg. phenytoin, carbamazepine)

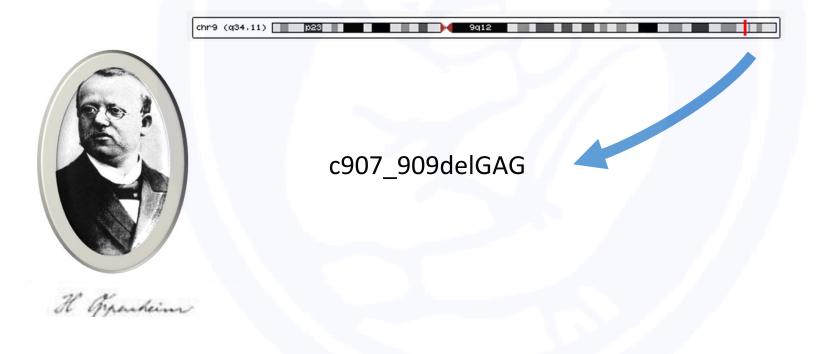


Bruno MK, Hallett M, Gwinn-Hardy K, et al. Clinical evaluation of idiopathic paroxysmal kinesigenic dyskinesia: new diagnostic criteria. Neurology; 2004;63:2280–2287.

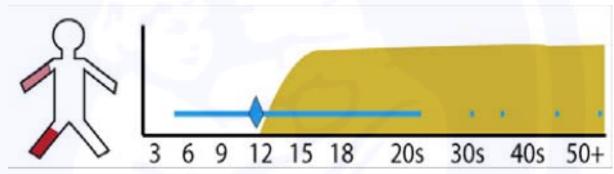
Video

This 9 yo girl started having trouble in the summer while walking on the beach. She had a previous history of anxiety, no medications. Parents are healthy. Her father was of Ashkenazi Jewish ancestry.

TOR1A



DYT-TOR1A (DYT1, Oppenheim's dystonia)



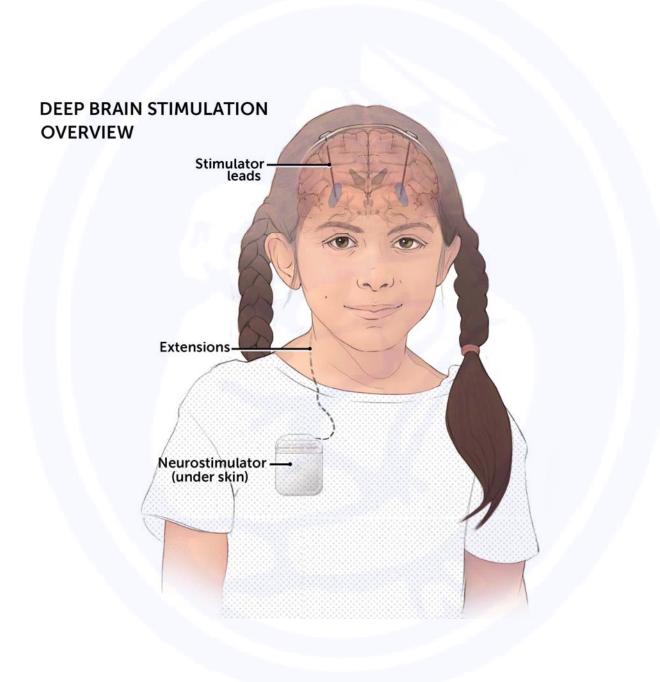


16-43%



Inheritance: AD Penetrance ~ 30%

Panov, 2013 Waugh, 2013 Muller, 2009



http://www.childrenshospital.org/conditions-and-treatments/treatments/deep-brain-stimulation

1 MONTH POST SURGERY

Doctor using wireless programmer to test device

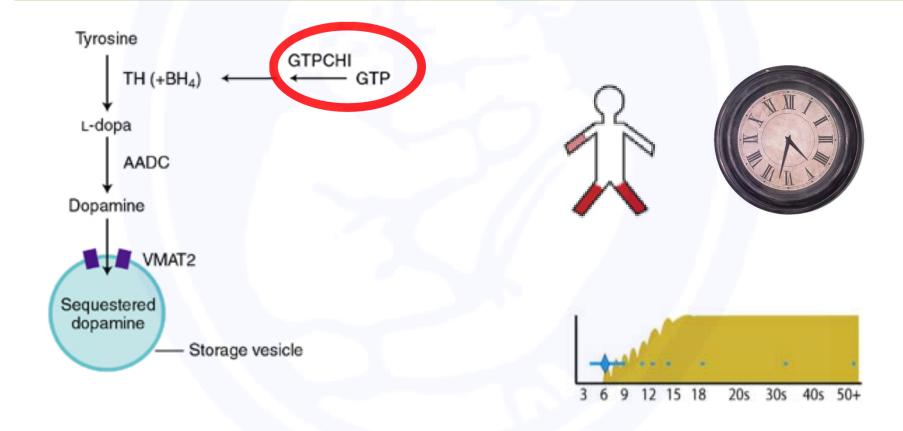


Programmer

Claudio Melo De Gusmao MD Pediatric Movement Disorders Video 3 months after DBS

Claudio Melo De Gusmao MD Pediatric Movement Disorders Video Adapted from Singer H, Mink J, Gilbert D, Jankovic J. **Movement Disorders in Childhood**. 1st Edition Philadelphia, PA: Saunders; 2010.

DYT-GCH1 (DYT 5 or Segawa's disease)

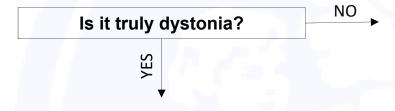


Think about dopa-responsive dystonia

- "Cerebral palsy" without a suggestive history or imaging findings
- Fluctuating symptoms
- Early-onset parkinsonism, oculogyric crises
- Dysautonomia, palpebral ptosis
- Migraines, Anxiety, Depression

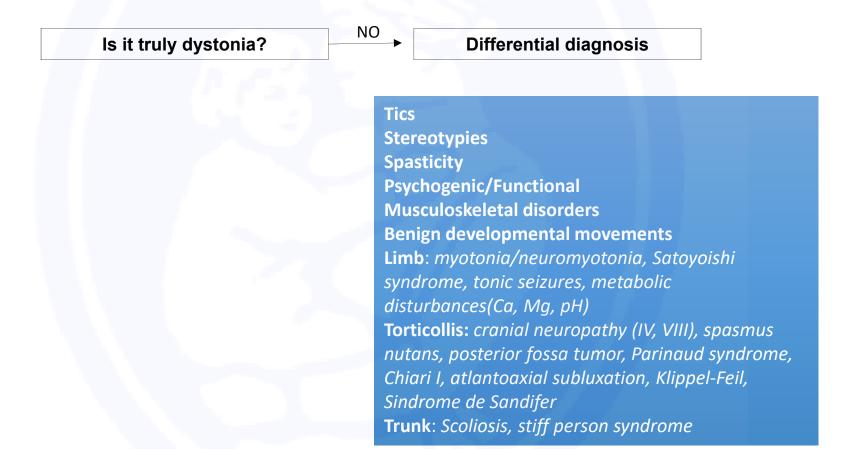
Some patients respond to Levodopa/Carbidopa even if no neurotransmitter defect is found

Diagnostic algorithm – dystonia in childhood

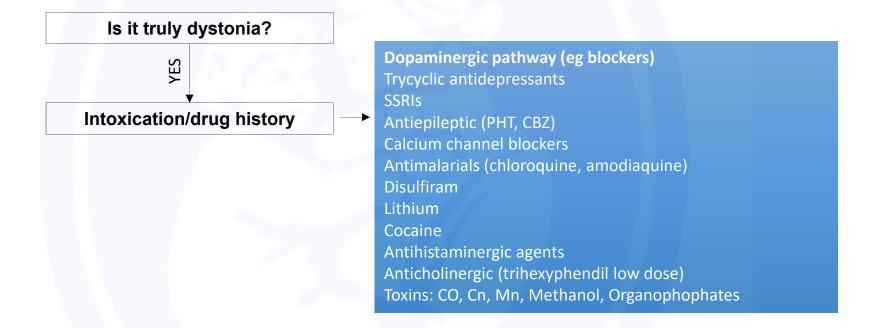


Adapted from van Egmond, M. E., Kuiper, A., Eggink, H., Sinke, R. J., Brouwer, O. F., Verschuuren-Bemelmans, C. C., ... De Koning, T. J. (2015). Dystonia in children and adolescents: A systematic review and a new diagnostic algorithm. *Journal of Neurology, Neurosurgery and Psychiatry*, 86(7), 774–781.

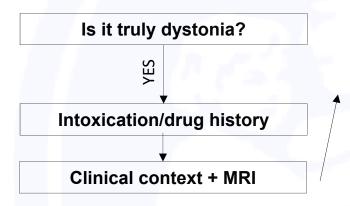
Diagnostic algorithm – dystonia in childhood



Diagnostic algorithm – dystonia in childhood



Diagnostic algorithm – dystonia in childhood



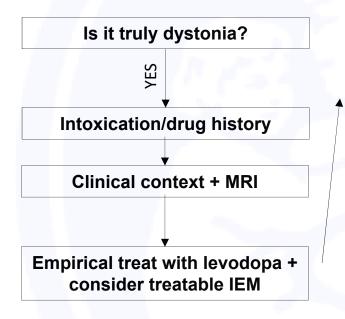
Cerebral palsy, kernicterus, infections, demyelinating or autoimmune condition, seizure, structural changes, clues to the disease

(e.g., stroke, vascular malformations, tumors, trauma, mitochondrial, metabolic)

If immune/inflammatory cause suspected, consider

- CSF (ADEM, infections, auto-antibodies)
- Serologies (flavivirus, influenza, HSV, VZV, measles, mycoplasma pneumoniae, TB)
- Auto-antibodies (antiphospholipid, NMDA, LGI-1, anti-basal ganglia, others)

Diagnostic algorithm – dystonia in childhood

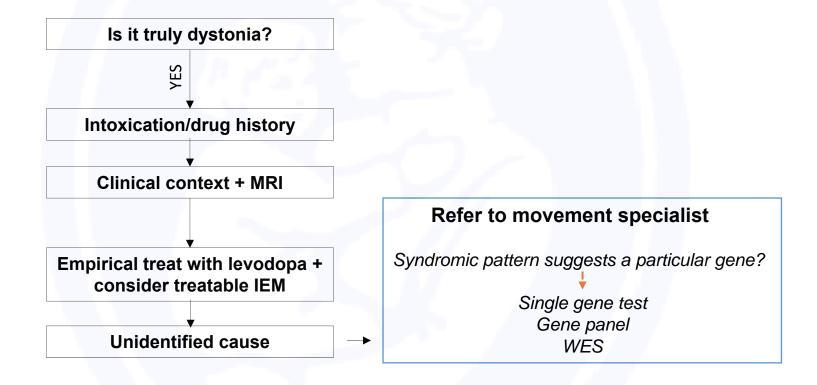


Levodopa-carbidopa: 0.5-1mg/kd/d, gradual increase to 4-5mg/kg/d (may consider up to 10mg/kg)

If IEM suspected, consider (if applicable)

- Copper and ceruloplasmin
- Urine organic acids
- Plasma aminoacids
- Uric acid
- Lactate, pyruvate
- Acylcarnitine
- Homocysteine
- Manganese
- Biotinidase
- Creatine, Guanidinoacetic acid
- Vitamin E
- Cholestanol
- CSF (glucose, folate, HVA, 5-HIAA, pterins)

Diagnostic algorithm – dystonia in childhood



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WRAP UP



















THANK YOU!

Suggested reading / references

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