

Date of search: Aug 2020

Recently identified or confirmed forms of paroxysmal movement disorders

Designation	Less common movement phenotype	Clinical clues	OMIM	MOI
Predominant dyskinesia				
PxMD- <i>KCNMA1</i> ^{1, 2}		Paroxysmal non-kinesigenic dyskinesia including dystonic and choreiform movements of mouth, tongue and extremities. Triggered by alcohol, fatigue, or stress, although no clear trigger in some individuals. Developmental delay, generalized epilepsy	609446	AD
Predominant dystonia				
PxMD- <i>ECHS1</i> ³⁻⁷	Ataxia, spasticity	Leigh syndrome; onset before age 10, paroxysmal dystonia triggered by high metabolic demand (exercise, fever, low calorie intake), developmental delay, acute episodes of encephalopathy, increased plasma lactate, and urinary excretion of organic acids	616277	AR
Disorders that usually present with other phenotypes but can have predominant paroxysmal dyskinesias				
MYC/PxMD- <i>SCN8A</i> ^{A, 8}	Ataxia	Paroxysmal kinesigenic dyskinesia, seizure disorder (wide spectrum with benign infantile seizures in some and epileptic encephalopathy in others), intellectual disability	617080	AD

AD = autosomal dominant, AR = autosomal recessive, MOI = mode of inheritance, OMIM = Online Mendelian Inheritance in Man (<https://www.omim.org/about>)

^A Mutations in this gene can also cause Familial Myoclonus Type 2 (OMIM 618364; Table 5), autosomal-dominant cognitive impairment with or without cerebellar ataxia (OMIM 614306), and/or autosomal-dominant developmental and epileptic encephalopathy 13 (DEE13, OMIM 614558).

References

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