



Clinical Image

Laryngeal Myoclonus[☆]

Mioclonias laríngeas

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Dear Editor:

A 42-year-old man with a history of smoking (20 pack-years) presented with cerebellar ischemic stroke due to obstruction of the basilar artery. Magnetic resonance imaging showed hyperintense multifocal lesions (T2 and FLAIR) in both cerebellar hemispheres and the vermis.

He required tracheostomy for prolonged administration of mechanical ventilation, which continued throughout his stay in a chronic care and rehabilitation center. Three months after the stroke, fiberoptic bronchoscopy was performed to evaluate airway structure and function. During the procedure, myoclonic movements of the laryngeal structures¹ were observed, particularly the epiglottis and the vocal cords. These movements occurred at exactly the same frequency as involuntary movements of the extremities (see video [appendix]).

Myoclonus consists of sudden, brief, involuntary movements. It mostly affects the extremities, but it can also occur in the facial muscles, trunk, and other parts of the body. Myoclonus most often

develops as a result of other diseases. It may be caused by structural damage, ischemic insults or toxic-metabolic disorders of the central nervous system. Myoclonic movements of the larynx are a rare expression of neurological involvement of the laryngeal muscles,¹ and usually occur along with myoclonus of the soft palate and the pharynx, as a clinical manifestation of what is called "symptomatic palatal myoclonus".²

Our patient currently continues to receive respiratory, motor, speech and swallowing rehabilitation.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1016/j.arbr.2016.02.022](https://doi.org/10.1016/j.arbr.2016.02.022).

References

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