



## Essential Palatal Myoclonus Treated by Valproate : A Case Report

### KEYWORDS

palatal myoclonus, sodium valproate, palatal muscle.

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**ABSTRACT** Various cases of essential palatal myoclonus, a condition characterized by clicking noises and palatal muscle spasm, have been reported in the literature. Dental surgery is a common cause and many treatments have been reported to be successful in management of the condition. We are reporting herewith a case of essential palatal myoclonus that responded successfully to sodium valproate.

### INTRODUCTION

Palatal myoclonus (PM or palatal tremor) is a condition affecting the muscles of the soft palate. It typically presents with clicking noises and muscle spasms felt at the back of the throat. It is generally classified as somatosound or objective tinnitus and is rare compared to sensorineural tinnitus or subjective tinnitus. PM is divided into two subtypes: essential (EPM) and symptomatic (SPM). EPM describes an objective clicking secondary to rhythmic movements of the tensor velipalati (TVP) muscle and it occurs intermittently throughout the day but not during sleep [1]. EPM presents in late childhood [2] or adulthood and occurs in the absence of an organic pathology. SPM involves the levator velipalati muscle and is usually caused by a lesion in the Guillain-Mollaret triangle, which comprises the dentate, red and inferior olivary nuclei. It is present throughout the day and in sleep as well [3]. In contrast to the known pathologic mechanism of symptomatic palatal myoclonus, there are no reports of the neurophysiology of essential palatal myoclonus. We present herewith a case of essential palatal myoclonus which responded completely to sodium valproate.

### CASE REPORT

A 43 year-old Hindu married male, presented to the outpatient department with sudden onset bilateral objective-clicking tinnitus in absence of any brain related event. He was referred from the emergency department as he was a known case of psychiatric disorder in the past and had suffered from Panic Disorder previously. He had no active symptoms. He was on no other medication. The tinnitus was constant and he could not exert any control over his symptoms. He reported his symptoms were bilateral but alternating in severity between the right and left sides. As the patient did not check and lived alone, it was not known whether his symptoms occurred during sleep. He denied any symptoms of the larynx or esophagus or any other auditory symptoms. He appeared anxious but there was no significant past medical history. Examination of the

patient revealed objective clicking predominantly on the right side. On inspection of his oral cavity, muscle spasms of his soft palate were observed. He was subsequently sent for magnetic resonance imaging of his head, which revealed no abnormalities in the cerebrum, cerebellum or brainstem making the diagnosis of essential palatal myoclonus. This diagnosis was confirmed by neuro-medicine and otorhinolaryngology departments. We started him on sodium valproate 600mg per day in divided doses and he was asked to follow up after 10 days. He reported an immediate improvement with no side effects. Thus he was asked to continue the medication for a period of 6 months following which he would be reassessed and stoppage of medications would be considered.

### DISCUSSION

Palatal myoclonus is a rare symptom in medicine. It may present with sudden or gradual onset and at times may be dismissed by novice clinicians as being just a functional somatic symptom or a part of anxiety. It is essential that clinicians be aware of this phenomenon [4]. It is essentially a bilateral symptom as the two tensor palatine muscles are joined by a common aponeurosis. It can be psychogenic in origin but the test is the patient's ability to exist voluntary control over the palate which was not the case in our patient [5]. Wisdom tooth surgery and dental procedures as well as endoscopy have been implicated as causative factors but none of those were present in our case [6]. Botulinum toxin has been used in many cases with good results and medications that have been tried are phenytoin, barbiturates, benzodiazepines, carbamazepine, sodium valproate and anticholinergics [7]. Based on personal choice and clinical experience we decided to start the patient on Sodium Valproate and he showed a complete resolution of symptoms in a period of 10 days.

### REFERENCE

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