

# Dancing Scapula: The Missed Movement

Arunmozhimaran Elavarasi, Vinay Goyal, Priyanka Samal

Department of Neurology, All India Institute of Medical Sciences, New Delhi, India

A 12-year-old male child, at the age of 7 years, was misdiagnosed as mitral valve stenosis based on abnormal rhythmic clicking sounds during chest auscultation. He was extensively evaluated by primary care physician. His echocardiography and antistreptolysin-O titer were within normal limits. Subsequently, he was found to have clicks associated with left shoulder movements, and he was referred to a neurologist. There was no prior trauma. These movements remitted spontaneously after 2 years of onset. Then, around 1½ years later, it appeared again. This time, he was evaluated at our center. His scapular movements were rhythmic elevation with a clicking sound consistent with focal contractions of his left levator scapulae, left rhomboids major and minor [Video 1]. There was no distractability or variability in the movements. Needle electromyography (EMG) revealed dystonic contraction of left levator scapulae. He was given 30 units of botulinum neurotoxin in the left levator scapulae under EMG guidance. These movements completely resolved [Video 2] and had not recurred at 3 years of follow-up. His magnetic resonance imaging brain and cervical spine was normal. There were no stigmata of Wilson's disease.

## DISCUSSION

There are only a handful of cases of shoulder dyskinesias described in literature.<sup>[1-5]</sup> This patient had needle EMG suggestive of dystonia. He did not have any imaging abnormality. The origin of these movements could be due to central or peripheral mechanisms or could have been functional. The fact that his movements disappeared spontaneously and reappeared after 2 years was suggestive of functional movement disorder. The movements disappeared after injection of botulinum toxin and had not recurred for the past 2 years. However, there was no distractability or variability, suggesting idiopathic focal dystonia. This case highlights the importance of clinical examination.

## Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published

and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

### REFERENCES

1. Pandey S, Nahab F, Aldred J, Nutt J, Hallett M. Post-traumatic shoulder movement disorders: A challenging differential diagnosis between organic and functional. *Mov Disord Clin Pract* 2014;1:102-5.
2. Caviness JN, Gabellini A, Kneebone CS, Thompson PD, Lees AJ, Marsden CD, *et al.* Unusual focal dyskinesias: The ears, the shoulders, the back, and the abdomen. *Mov Disord* 1994;9:531-8.
3. Lee MS, Kim YD, Kim WC, Lyoo CH. Slow rhythmic dyskinesia of the shoulder: One idiopathic and two symptomatic cases. *Mov Disord* 1999;14:1049-51.
4. Wali GM. Shoulder girdle dyskinesia associated with a thalamic infarct. *Mov Disord* 1999;14:375-7.
5. Wali GM. Shoulder girdle dyskinesia following local surgery. *Mov Disord* 1999;14:1051-3.

Video available on: [www.annalsofian.org](http://www.annalsofian.org)

**Address for correspondence:** Dr. Arunmozhimaran Elavarasi,  
Department of Neurology, All India Institute of Medical Sciences,  
New Delhi - 110 029, India.  
E-mail: [arun\\_ela@yahoo.com](mailto:arun_ela@yahoo.com)

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

**For reprints contact:** [reprints@medknow.com](mailto:reprints@medknow.com)

**DOI:** 10.4103/aian.AIAN\_210\_18