

CLINICAL VIDEO

Topsy-turvy by the Belly Dancer

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A 75-year-old woman underwent an elective procedure. Upon awaking from general anesthesia, she had jerky, arrhythmic abdominal contractions consistent with Belly

Key Clinical Message

In our patient presenting with abdominal myoclonus, it is important to understand its pathophysiology. Various etiologies need to be taken into consideration before coming to a conclusion. The finding on Magnetic resonance imaging (MRI)-Spine disclosing cervical lesion may just be an incidental finding.

Keywords

Abdominal contractions, Belly Dancer, meningioma.

Dancer syndrome (Video S1). Computed Tomography (CT); head was unrevealing. Electroencephalogram (EEG) showed no epileptic activity. A structural lesion

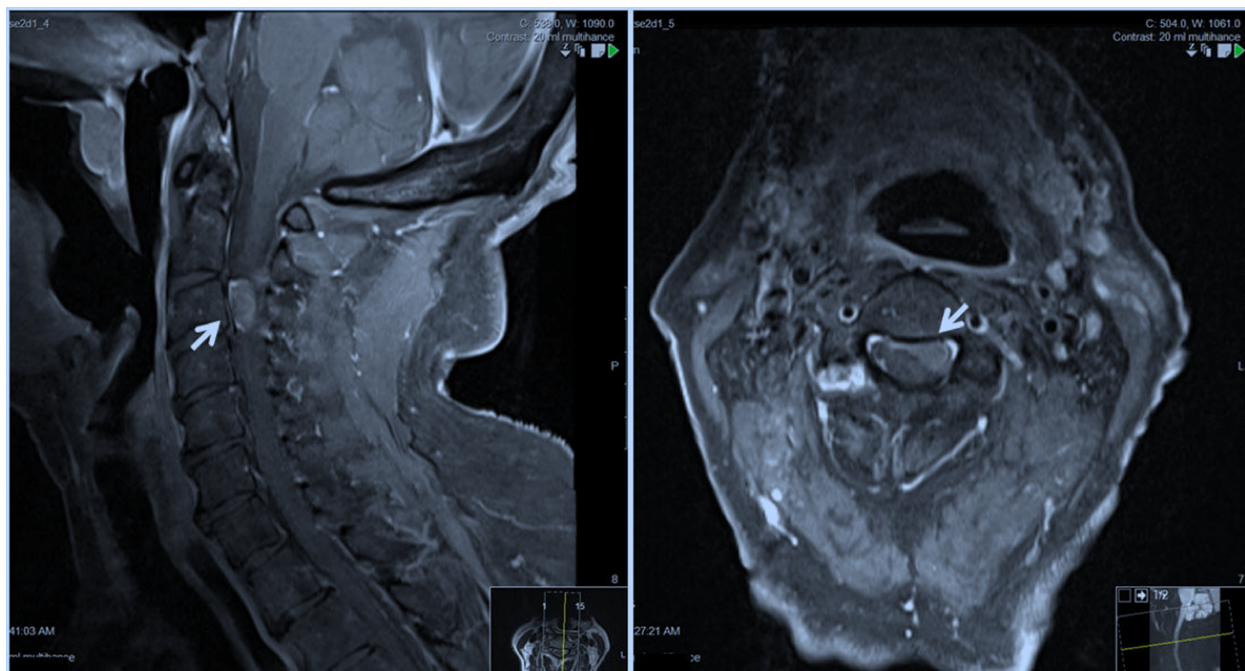


Figure 1. Magnetic Resonance Imaging (MRI) of the cervical spine, T1 + contrast. There is an enhancing extramedullary, intradural lesion (white arrow). (A) Sagittal. (B) Axial.

was suspected [1]. Magnetic resonance imaging (MRI) of the spine disclosed a cervical lesion, likely a meningioma (Fig. 1). Clonazepam and Levetiracetam were used and myoclonus ceased. Different etiologies were considered; related to anesthesia, meningioma, idiopathic or functional. Patient remained asymptomatic after the medications were stopped. The meningioma is being observed. The pathophysiology of propriospinal myoclonus is unclear and many cases reported are questioned [2]. Spinal lesions may just be incidental.

Conflict of Interest

None declared.

References

1. Shamim, E. A., and M. Hallett. 2007. Intramedullary spinal tumor causing “belly dancer syndrome”. *Mov. Disord.* 22:1673–1674.
2. Esposito, M., R. Erro, M. J. Edwards, N. Cawley, D. Choi, K. P. Bhatia, et al. 2014. The pathophysiology of symptomatic propriospinal myoclonus. *Mov. Disord.* 29:1097–1099.

Supporting Information

Additional Supporting Information may be found online in the supporting information tab for this article:

Video S1. The video presents a patient with involuntary arrhythmic abdominal contractions consistent with Belly Dancer Syndrome.