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Chapter 73. Epileptic spasms with infantile spasmodic dystonia. Recurring brief episodes of jerking out of sleep, lasting seconds, followed by a very brief period of stupor, rapid return to baseline, and sudden onset of another episode. Epilepsis partialis continua (EPC). Rhythmic twitching of the left face and mouth.

Chapter 73.1. Infant with an infantile component presenting during the finger-nose-finger maneuver (right limb).

Chapter 73.2. Infant with an infantile component.

Chapter 74.1. This is a patient with Tourette syndrome. A patient with Tourette syndrome with simple motor tics of the face, vocalizations, foot fics (grunting), and complex motor tics (involuntary movements of the head and neck).

Chapter 75.1. This is a patient with Otopalpebral (OTTO) dystonia. This boy developed dystonia of his left ankle so severely that he walked on the top of his heel. Within 2 years, he developed mild dystonia of the trunk and dystonia of the right arm manifested during the act of writing. The left arm was not affected. At this stage, he has generalized dystonia.

Chapter 75.2. Otopalpebral (OTTO) dystonia. This boy developed dystonia of his left ankle so severely that he walked on the top of his heel. Within 2 years, he developed mild dystonia of the trunk and dystonia of the right arm manifested during the act of writing. The left arm was not affected. At this stage, he has generalized dystonia.

Chapter 76.1. This is a 34-year-old woman with progressive limb dystonia, but talking remains fluent. There was no history of exposure to a dopamine receptor antagonist medication or trauma.

Video 76.1. Writer's cramp. The 34-year-old right-handed woman developed tremor and stiffness of the fingers in the right hand when she wrote, holding the pen in various positions in the hand, whether it was near the tip, the forearm, when holding the pen, writer's cramp would also involve forearm, forearm, and arm tremor.

Chapter 77.1. This is a 30-year-old woman with progressive limb dystonia.

Video 77.1. Patient with hemifacial spasm. She has episodic, intermittent, usually asymmetric major depression, shoulder, and eyelid muscles innervated by the facial nerve. Contralateral muscles seem to be simultaneous. She has had brief, infrequent twitches, and onset of orbicularis oculis, rigid closure of eyes, and started partial eyelid closure and sustained pulling of the corner of the mouth. Contractions are triggered by looking up as well as many other actions controlled by the facial nerve not shown in this video. One may also see contractions of the platysma, depressor of the corner of the mouth, mentalis (contractions that cross the midline), and of the upper lip.

Chapter 78.1. This is a 20-year-old woman with progressive limb dystonia.

Video 78.1. Myoclonus in Rasmussen encephalitis. This video demonstrates intense, partial, continuous, non-epileptic movements of the left arm/hand/forearm with some extension on the left lower limb. These were much improved after intravenous immunoglobulin (IVIG) treatment.

Video 78.2. Myoclonic tics/ticks. This patient had generalized synchronous, amplitude myoclonic tics and movement with action rather than rest. When standing, there are rhythmic moments of bilateral lower extremities, gait, and limb position.

Video 78.3. Myoclonic–tremor syndrome. The most typical myoclonic jerks, more prominent in proximal limbs including neck, maternal shoulder, and proximal upper extremities. Myoclonic jerks obvious with action including writing and pouring water from a cup but also occur intermittently at rest.

Video 78.4. Hyperkplexia. This baby had severe, generalized, and sterile, synchronous generalized myoclonic jerks of all extremities, upper greater than lower, were present even at rest and were also elicited by tapping the sole. This baby did not respond to common performing the repetitive nose rapping seen in the video. The latter part of this video shows hyperkplexia in both upper and lower extremities.