Lingual Myoclonus Presenting As Neck Lump
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Citation

Abstract
Isolated lingual myoclonus is a very rare phenomenon and confirmation of the diagnosis involves the use of monopolar electrodes to record abnormal lingual muscle movements, electroencephalography and MRI brain. Previous literature locating the anatomical site of the lesion producing lingual myoclonus is not clear. Electrical stimulation of an area medial to the inferior olive and close to adjacent hypoglossal nucleus in cats produces rhythmic movements of the posterior part of the tongue \[^{10}\]. Olivary 'hypertrophic degeneration' (in the medulla oblongata), is the most frequent lesion associated with palatal myoclonus \[^{9}\]. However a 'chemical' denervation due to unknown transmitter changes could also be invoked, as in other movement disorders.

In 2 of the previous cases of isolated lingual myoclonus assumed aetiological agents included head trauma \[^{11}\] and possible encephalitis \[^{12}\]. In the third case without any obvious aetiological agent the myoclonus disappeared after 2 weeks of sodium valproate administration \[^{13}\]. The isolated nature of these cases makes it difficult to precisely locate the aetiology of this condition but the busy ENT practitioner should be aware of myoclonus of the orofacial musculature in his differential diagnosis of neck lumps.

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