A 61-year-old woman developed acute dyslalia, dysphonia, dysphagia, and facial rhythmic jerks 8 hours after the intake of 2 tablets of metoclopramide 10 mg, prescribed for nausea during respiratory infection. Examination revealed dysphonia, dyslalia, dysphagia, and myoclonus in the orbicularis oculi (video 1 on the Neurology® Web site at Neurology.org), orbicularis oris, and palatopharyngeal (video 2); no clicking was audible. Brain MRI, angio-MRI, and EEG were unremarkable. Biperidene 4 mg was given per os; palatopharyngeal myoclonus, dysphonia, and dyslalia improved in 30 minutes and disappeared in 12 hours. Palatal myoclonus may be a rare metoclopramide-induced movement disorder.1,2

Paolo Immovilli, MD, Eugenia Rota, MD, Nicola Morelli, MD, Ilaria Iafelice, MD, Andrea Magnacavallo, MD, Donata Guidetti, MD

From Guglielmo da Saliceto Hospital, Piacenza, Italy.

Author contributions: Paolo Immovilli: drafting/revising the manuscript, study concept or design, analysis or interpretation of data, accepts responsibility for conduct of research and final approval, acquisition of data, study supervision. Eugenia Rota: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval. Nicola Morelli: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval, acquisition of data. Ilaria Iafelice: study concept or design, accepts responsibility for conduct of research and final approval, acquisition of data. Andrea Magnacavallo: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval, acquisition of data. Donata Guidetti: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval.

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Correspondence to Dr. Immovilli: pimmovilli@libero.it

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Paolo Immovilli, Eugenia Rota, Nicola Morelli, et al.

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