J Neurol Neurophysiol 2019, Volume 10

Identification, diagnosis and management of pediatric paroxysmal movement disorders

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With the increased availability of genetic testing and the expansion of pediatric movement disorders specialty centers, our understanding and differentiation of paroxysmal movement disorders has significantly improved. Fundamental to the evaluation of these patients is the accurate identification and characterization of movements as dystonia, chorea, myoclonus, tremor or ataxia. The next step involves categorizing the movements as primarily kinesigenic, non-kinesigenic, or exercise-induced. Subsequently, targeted genetic testing may be used to identify the specific mutation associated with patient's symptoms. Mutations known to be associated with paroxysmal movement disorders include, *PRRT2, SLC2A1, KCNA1, CACNA1A, PNKD, ATP1A3*, and *ADCY5*. However, genetic mutations more commonly associated with epileptic encephalopathy syndromes, such as *SCL13A5, TBC1D24*, and *SCN8A*, have also recently been found in patients with paroxysmal movement symptoms. The main objective of this presentation is to enhance the identification, assessment and treatment of these paroxysmal movement disorders for the general neurologist.

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