Psychiatria Danubina, 2021; Vol. 33, No. 4, pp 578-579 https://doi.org/10.24869/psyd.2021.578 *Case report*

PSYCHOGENIC PALATAL TREMOR: A RARE TYPE OF PSYCHOGENIC MOVEMENT DISORDER

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INTRODUCTION

Psychogenic tremors are among the most common psychogenic movement disorders (PMD) presenting to psychiatry (Koller et al. 1989). Palatal tremor is an uncommon variety of tremor which rarely presents as psychogenic palatal tremor (PPT) and is characterized by rhythmic contraction of the soft palate. It can take two forms, the symptomatic palatal tremor (SPT) and essential palatal tremor (EPT). EPT is bilateral usually and disappears in sleep as compared to SPT which is unilateral and persists during sleep. EPT also usually produce an ear click, which is absent in SPT (Margari et al. 2011). Till date, very few cases of PPT has been reported (Williams 2004). PT as a whole entity, shares common features like distractibility, coactivation sign, entrainment, variable frequency, amplitude and direction, increase with attention and an unfavourable response to medications (Thomas & Jankovic 2004). A recent study reported psychogenecity in 70% cases of EPT indicating that PPT may be under-recognized (Stamelou et al. 2012). We report a case of intractable PPT in an Indian woman showing no improvement even after three years of continuous treatment.

CASE PRESENTATION

A 35-year-old woman was referred to us with history of possible psychogenic tremors. Her symptoms started three years back after a financial loss. She also suffered from an episode of moderate depression during the same. Within few days of loss, she started reporting intermittent tinnitus in both of her ears. There would be an audible click near the ear of the patient. Her family members incidentally noticed paroxysmal up-and-down movement of throat. Tinnitus would coincide with the movements of throat and would not be present at night. She would experience migraine headache which would further aggravate her symptoms. On consultation with the family physician, she was found to have tremors of soft palate which would be paroxysmal in nature and would lead to an unusual sensation in throat. Such movements would increase due to stress. She could voluntarily suppress such movements for some time by clenching her teeth. She didn't report any urge before such movements. Movements were limited to her neck muscle and soft palate and didn't progress to any other muscles of body. She denied any history of dysphagia, change in voice, hearing impairment, dysarthria or seizures.

She consulted various specialists including ENT specialists and neurologists. All investigations including Electroencephalogram (EEG), MRI brain, neck and audiometry brainstem evoked potential were normal. Tremorogram suggested symmetrical tremors of genioglossus at 1.5-2 Hz frequency. There was > 50% reduction with entrainment and distraction. She was diagnosed as a case of essential palatal tremors and was tried on tablet escitalopram 10-20 mg for 1 year and paroxetine upto 25 mg for 1 year which lead to remission of her depressive episode but only slight improvement in her palatal tremors.

When she presented to us, her depressive episode was in remission. There was no abnormal neurological finding. There were rhythmic movements in pharyngeal muscles as well in soft palate. The movements would suppress temporarily while speaking as well as during voluntary suppression by methods described above. Distraction would also lead to temporary decrease in frequency for some time. She also reported migraine headache but of lower intensity than before. She was advised to continue paroxetine along with propranolol. Patient didn't follow up regularly and was lost to follow up.

DISCUSSION

The index patient described here had palatal tremors. Differential diagnosis included SPT, tics, dystonia and PPT. Normal MRI brain and audiological tests along with unilateral tremors disappearing in sleep ruled out SPT. Absence of any premonitory urge or sense of relief associated with such movements ruled out a tic disorder. Patient's involuntary movements were clinically more suggestive of EPT because of bilateral involvement, objective tinnitus, absence of any brain lesion and disappearance during sleep.

There is no pathognomic clinical finding for PMDs but a combination of certain features can help diagnosing such patients (Thomas & Jankovic 2004). Our patient showed entrainment, distractibility, variable frequency, voluntary control over movements and increase on attention. PMDs also have particular history

in form of precipitating factors, emotional triggers, stressors and psychiatric comorbidities (Zadikoff et al. 2006). Our patient had a precipitating factor in form of financial loss, acute onset of illness and history of major depression in the initial part of her illness which points towards a psychogenic variety of EPT rather than primary EPT. History of migraine headache dating back to the same period also points towards role of psychological factors in the onset of illness. Although PPT is shown to have a good response to treatment (non-pharmacological or placebo), our patient showed less response to treatment with SSRIs and benzoiazepines.

CONCLUSION

Our case adds to the limited literature available on psychogenic palatal tremors and also highlights the typical features seen in psychogenic illnesses.

Contribution of individual authors:

All authors made equal contribution to this case report in terms of drafting, writing, obtaining the patient' s consent, and revising the paper.

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