Acute dystonic reaction with asterixis and myoclonus following metoclopramide therapy

Sirs: We read with interest the letter of Ching-Song Lu and Wai-Shin Chu about a patient who developed myoclonus and asterixis following treatment with metoclopramide. The authors did not find any cases described of these complications of metoclopramide therapy.

In 1984 our group reported a 69 year old woman who developed generalised and irregular asymmetric muscle jerking movements mainly of the right side, 24 hours after the first oral dose of 10 mg of metoclopramide (total dosage: 40 mg). Examinations revealed a right hyperreflexia and extrapyramidal rigidity. CT showed cerebral, cerebellar and brainstem atrophy. The myoclonus cleared up 24 hours after discontinuation of metoclopramide. During follow up examinations, 6 months and 1 year later, the patient was found to be normal.

In our patient we believe that myoclonus could be attributed to the metoclopramide action on a hypothetic subclinical disturbance of dentatorubral pathways due to cerebellar and brainstem atrophy.

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References

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