Letters to the Editor


Car toll neuropathy

The "piniformis muscle syndrome" is an entrapped syndrome of the sciatic nerve as it passes through the greater sciatic notch. Buttock tenderness, leg pain aggravated after internal rotation of the flexed limb, and a limp are the main features of this clinical syndrome. Sciatica is reproduced upon deep digital palpation. Common causes include pelvic or buttock trauma, pelvic surgery, mass lesions, and piniformis muscle tears. I have seen a patient who developed the piniformis syndrome after a car trip through three European countries with highway charges. This 70-year-old, previously healthy man returned to Germany from a holiday trip to Portugal with his car. In order to pay the car toll in Spain and France he had prepared small change in the necessary currencey and put it in his left back trouser pocket. He made the 18-hour trip in one day. On the next day he complained of pain in his left buttock down the posterior thigh, which became worse during the days that followed. The pain increased with walking but not with coughing. After the exclusion of a lumbar disc prolapse by spinal CT and persisting pain, despite application of several analgesics and non-steroidal antiinflammatics, the patient was referred for neurologic evaluation six weeks after the car trip.

On examination, he showed a limp, holding his left leg in mild external rotation. Both passive internal rotation and forced adduction of the affected limb by the examiner caused pain. There was piniformis tenderness on deep digital palpation. The straight-leg-raising test was negative. There were no paresthesias and normal reflexes, but mild atrophy of the left gluteal muscles was apparent. Although routine electroneurographic studies of the sciatic nerve and its branches revealed normal results, there was a delay of the H-reflex on the left side when the test was performed after internal rotation of the limb. Pelvic CT excluded a mass lesion of the piniformis muscle. The patient was successfully treated by local injections with lidocaine and steroids in combination with physical therapy. The "piniformis muscle syndrome" has been reported after prolonged sitting on a toilet seat and as "credit-card-wallet sciatia." We describe this patient, the electrophysiologically documented syndrome caused by the coins preferred for the car toll on a trans-European car trip.

PETER BERLT
Alfred Krupp Clinic, Essen, Germany 45117


"Familial paroxysmal tremor": an essential tremor variant?

The presence of symmetrical postural tremor in the hands, affecting several members of a family (familial essential tremor), is a common movement disorder, of which the clinical features are well known. We describe a patient with paroxysmal postural tremor in both hands. His mother and two of his brothers had a similar clinical picture.

A 24-year-old man, who was a good player of classic guitar, was referred to our hospital because of episodic hand tremor. He had no previous neurologic diseases. Since the age of 18, he had had episodes of symmetrical postural tremor limited to the hands lasting from 10 to 60 minutes, occurring once every three to six weeks. These episodes began abruptly and ended gradually. Tremor was not associated with dysarthric postures or movements. Neurological examination was normal except for the presence of the postural hand tremor during the episodes. The intensity of the tremor was variable for each episode, but occasionally it interfered with writing, eating, drinking, or playing the guitar. We were unable to find any precipitating factor such as ethanol, other drugs or toxic substances, tiredness, anxiety, exercise, occupation, fasting, etc. All routine investigations, including thyroid hormones, plasma catecholamines during one episode, EEG, and cranial CT were normal. Electrophysiological recording when his arms were outstretched showed a synchronous 9-10 Hz tremor. Associated with these episodes tremor was infrequent and mild, we did not treat him with drugs.

Two of his four brothers, aged 21 and 22 years, have an episodic tremor with the same characteristics, although this is less severe and the frequency of presentation of episodes is lower, occurring since the age of 20. His mother, aged 50 years, began with an identical clinical picture in late adolescence, but the frequency and intensity of the tremor episodes decreased with the passage of time. Finally she developed, at age 48, a typical essential tremor in the hands, which responded to propranolol.

The movement disorder of our patient was a postural tremor affecting both hands. The clinical and electromyographical features of this tremor were indistinguishable from those of essential tremor, except that the paroxysmal presentation of the tremor is exceptional. To our knowledge, only three cases of paroxysmal tremor have been described: two patients with paroxysmal head tremor associated with cerebral dystonia and one child with "rubral-like" tremor in arms and legs, and orofacial dyskinesia associated with a biotin-deficiency defect. We propose this "familial paroxysmal tremor" as a possible variant of essential tremor.

GARCIA-ALBEA E
JIMENEZ-JIMENEZ LF
AYUSO-PERALTA AD
TEJEIRO F
CABRERA-VALLIVIA A
VAQUERO
Section of Neurology,
Hospital Universitario "Principe de Asturias,"
Carretera de Meco S/N,
E-28805 Alcalá de Henares,
Madrid, Spain

Correspondence to: Dr Garcia-Albea.


Downloaded from http://jnnp.bmj.com/ on June 23, 2017 - Published by group.bmj.com
Car toll neuropathy.

P Berlit

*J Neurol Neurosurg Psychiatry* 1993 56: 1329
doi: 10.1136/jnnp.56.12.1329

Updated information and services can be found at:
http://jnnp.bmj.com/content/56/12/1329.1.citation

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/