Familial paroxysmal tremor: an essential tremor variant

We read the letter concerning familial paroxysmal tremor by Garcia-Albea et al. with considerable interest.1 The authors describe a 24 year old man with a mild 9–10 Hz postural tremor of the upper limbs, in whom intermittent exacerbations of the tremor occurred. The patient’s mother (aged 50) developed essential tremor in her 40s, having previously had a similar paroxysmal arm tremor in late adolescence. The patient had four brothers, two of whom (aged 21 years) had mild episodic tremor. The authors knew of only three cases of paroxysmal tremor and considered their patient to have an exceptional presentation of essential tremor.

In fact, the concept of familial paroxysmal tremor is far from new. In 1949, Critchley clearly described episodic tremor in his paper on essential (heredofamilial) tremor and cited Flatau (on page 117) for having suggested the term “intertemtem tremor” in such cases.2 Furthermore, Marshall reported in 1962 that in the early stages of essential tremor the amplitude increases in an episodic fashion, against a background tremor of the same frequency but lower amplitude.3

The information that we obtained during our recent study of 20 families with hereditary tremor shows that this type of tremor typically begins with a feeling of shakiness “inside” which progresses to an intermitent and then persistent tremor.4 Consequently, we consider paroxysmal tremor of the type reported by Garcia-Albea et al to be characteristic of the early natural history of hereditary essential tremor rather than an unusual phenomenon, a view which John Marshall clearly held.5


Bilateral carpal tunnel syndrome

The recent letter by Deniliç and Bajec describes a patient with bilateral carpal tunnel syndrome.1 The principal point made by the authors is that, to their knowledge, no other case of bilateral carpal tunnel syndrome has yet been reported. Keck described such a patient and his 1962 paper contains excellent photographs of the same.2 Deniliç and Bajec quote this paper but clearly did not look at it.

The rest of this letter adds nothing to what has already been described. The surgical findings, as in many of these cases, were non-specific. The authors performed epineurectomy of the nerve, a procedure of doubtful value. The authors’ brief discussion of causes of postoperative nerve damage at the ankle does not do justice to the literature (50 papers at my latest count).1

1 Deniliç M, Bajec J. Bilateral carpal tunnel syndrome. J Neurol Neurosurg Psychiatry 1994;57:239.