Letters
G GOZET†
M RIBET§
B HUBSCHMAN§
P LEASTAVEL§

Neurological service. Hôpital B, *Neuroradiological service, †General surgical service, ‡Centre hospitalier Universitaire de Lille. 59037 Lille Cedex France Internal medicine service. §Centre hospitalier d’Arras

References

Accepted 22 September 1984

Familial writer’s cramp

Sir: The aetiology of writer’s cramp is still controversial.1-4 In spite of the facts that favour an organic origin, genetic influence on this anomaly has not been demonstrated. We report a patient with writer’s cramp, whose father had presented the same disorder 35 years previously.

The propositus was a 41-year-old male right-handed lawyer. He had a previous history of hyperuricaemia and gout treated with allopurinol, 100 mg/day. He had not received any other specific treatment before, was not exposed to contact with toxic substances, did not consume illegal drugs and had not suffered any psychiatric or neurological illness. There was no consanguinity between his parents who did not belong to a particular ethnic group. The patient had had postural tremor since youth. At the age of 33 years he suffered episodic in the right elbow which remitted with local therapy. Since then, he had experienced difficulty in writing with the right hand, that adopted an abnormal posture such that it attracted the attention of other persons. The disturbance was accompanied by a feeling of stiffness and pain in the forearm and wrist. Any other manual activity was carried out normally. The difficulty in writing had remained stable since the onset of the symptoms but its intensity varies at times and is influenced by the emotional state of the patient. On examination, moderate obesity and very slight postural tremor in upper limbs were noted; in addition, there was a minimal tremor in the finger-nose-finger test. His writing was legible, but he wrote with moderate difficulty, with the wrist tending to extension from the start, while the fingers bent together clutching the pen. The pressure on the paper was slightly increased. There was no micrographia. These signs lasted as long as writing continued. The remainder of the examination was normal. Routine haematological and biochemical studies, uric acid, LE phenomenon, rheumatoid factor, radiographs of the chest and skull, ECG, brain high-resolution CT with contrast, ceruloplasm and cornea were normal.

The father of the propositus is a 70-year-old retired lawyer, right-handed. Since the age of 35 he had experienced a non-progressive severe difficulty in writing, consisting of abnormal posture of the hand, inability to maintain the pen in the correct position, involuntary extension of the index finger ("it escapes"), and tremor. All these symptoms were present only during writing or detailed drawing. The resulting script was almost illegible, and the difficulty in writing was marked that he used a typewriter from the onset of trouble. He has practised artistic painting without problems except for delicate drawings, when aid was needed. For 2-3 years before consultation, he has had cephalic tremor and postural tremor in upper limbs. He had no other symptoms. Examination revealed slight head tremor, mild postural tremor in upper limbs and very slight tremor on finger-nose testing. A moderate increase in tone in wrists, a little more marked on the right, with contralateral activity was noted. Writing and drawing were very difficult: from the start, the right wrist was placed in extension and ulnar deviation, with its ventral aspect on the table and fingers forced in flexion. While writing, the posture worsened, a remarkable tremor was superimposed and irregular jerks separated the index finger; the pen became sustained between thumb, middle and ring fingers and, eventually, escaped. When the attempt to write ceased all these signs disappeared. The remainder of the examination was normal, as was routine analytical and radiological tests. The patient refused specific studies.

These patients were considered to suffer from simple writer’s cramp.1 According to Marsden,5 even simple writer’s cramp is a “minor” form of dystonia. Occasionally, some patients with writer’s cramp provide data suggestive of familial involvement,6 but there is no clear evidence of genetic factors in most patients with writer’s cramp.4,5 Writer’s cramp was obviously familial in our cases, as in other variants of focal dystonia.6 This observation favours an organic origin of the disorder.

P M artinez-Martín†
F Bermejo-Pareja‡
Servicio de Neurología
Hospital Nacional de Enfermedades Infecciosas*
C/Sinésio Delgado, 6
28029 - Madrid
and
Servicio de Neurología
Ciudad Sanitaria “1º de Octubre”‡
Madrid, Spain

References

Accepted 12 October 1984

Asterixis due to pontine haemorrhage

Sir: Asterixis is a common sign of metabolic encephalopathy and arises from various causes.1 This involuntary movement has also been observed in a focal brain lesion.2-7 In this letter, we describe a patient with asterixis due to pontine haemorrhage.

A 65-year-old woman was admitted because of left motor weakness and dip-