

---

## International Session IS-10 : Involuntary Movement (Telemedicine)

Chairs: Ryuuji Kaji Tokushima University Hospital  
Nobutaka Hattori Department of Neurology, Juntendo University

---

5月23日(金) 15:30~17:10 第11会場(福岡国際会議場 5階 501)

### IS-10-5

## Case Presentation from Thailand



Chulalongkorn University Hospital, Thailand

○Roongroj Bhidayasiri

#### Case 1: Presenter: Dr. Onanong Jitkritisadakul

Chief Complaint: 4-month history of development regression and abnormal movements in an 11-year-old Thai boy

Present Illness: The problem started one year ago when his mother noticed mild abnormal posture of his right arm when he tried to grasp the objects. The symptoms slowly progressed to involve his right leg over the next four months but he was still able to walk unsupported. For the past three months, his cognition deteriorated mainly characterized by psychomotor slowing. His speech was markedly slow and soft. He urinated in bed and could not take care of himself. His right side became very stiff with fixed abnormal posture limiting his purposeful movements. For the past 2 months, symptoms progressed to his left side in a similar fashion. His mother denied any antecedent illness or trauma.

Past history: He was diagnosed with ADHD at the age of 6.

Family history: There was no significant family history of movement or neurologic diseases.

General examination: Acne rosacea was observed. He was uncooperative and was moaning continuously. His genital staging (Tanner and testicular volume) seemed to be more advanced for his age.

Neurological examination: Cranial nerves, motor power, cerebellar function and sensation could not be evaluated due to lack of cooperation. Hyperreflexia was elicited in all four extremities associated with positive Babinski's response in his right foot. Spasticity was detected in his right leg.

Character of movement (Video presentation): Generalized dystonia, worse on the right. Marked jaw opening dystonia. See video

Questions and points of discussion : What is the phenomenology? What is the dystonic syndrome? What specific investigations would you consider?

Data and clinical course: Will be discussed during the teleconference.

#### Case 2: Presenter: Dr. Jirada Srigean

Chief Complaint: Excessive daytime sleepiness in a 34-year-old Thai man

Present Illness: He was well until one week ago when he developed excessive daytime somnolence during the day and difficult to go to sleep during the night for the past one week. The family members denied his prior illness and three days after the onset, he had spontaneous generalized tonic-clonic seizures.

Past History: Unintentional weight loss for the past three months

Family History: None

General examination: A young adult Thai male who was drowsy and was intermittently obey to simple commands. Neurological examination: Normal cranial nerves examinations. No focal neurological signs were observed.

Movement disorders: (Video presentation): First clip: He was asleep during physical examination. Second clip: Stereotypic movements, most observed in the lower extremities. Axial dystonia was noted. He was semi-conscious during this examination.

Questions and Points of discussion: What is the phenomenology? What is the anatomical localization of his symptoms and signs? What are the investigations you would consider and the differential diagnosis? What is the etiology?

Data and clinical course: Will be discussed during the presentation.

---

### 《略歴》

Director and Associate Professor of Neurology, Chulalongkorn Comprehensive Movement Disorders Center, Chulalongkorn University Hospital, Bangkok; Thailand  
Visiting Associate Professor of Neurology; Department of Neurology, David Geffen School of Medicine at UCLA, Los Angeles, USA.

Graduated in medicine at Chulalongkorn University in 1994. Received the membership of the Royal College of Physicians of London and Ireland in 1998 and certified by the American Board of Psychiatry and Neurology in 2005. Awarded the fellowship of the Royal College of Physicians of London in 2008 and the Royal College of Physicians of Ireland in 2010.

Dr. Bhidayasiri's major interest is in movement disorders, particularly the clinical aspects and advanced therapeutics of Parkinson's disease and dystonia. Importantly, he leads a Parkinson's disease registry in Thailand in collaboration with the Thai Red Cross society, the Ministry of Public Health, Bangkok Metropolitan and the National Health Security Office of Thailand and chairs the scientific committee of the Parkinson's disease guideline in Thailand.

Dr. Bhidayasiri has published over 80 articles in peer-reviewed journals in the field of movement disorders and 5 international textbooks in neurology. He also serves as a writing committee panel member of the American Academy of Neurology on the practice parameters of tardive syndromes. Dr. Bhidayasiri is the President of the Thai Parkinson's Disease and Movement Disorders Society and an educational committee member of the International Movement Disorder Society. He is a chair of the local organizing committee of the Asian Oceanian Parkinson's Disease and Movement Disorders Congress (AOPMC) which will be held in Thailand in November 2014.