

Clinical commentary

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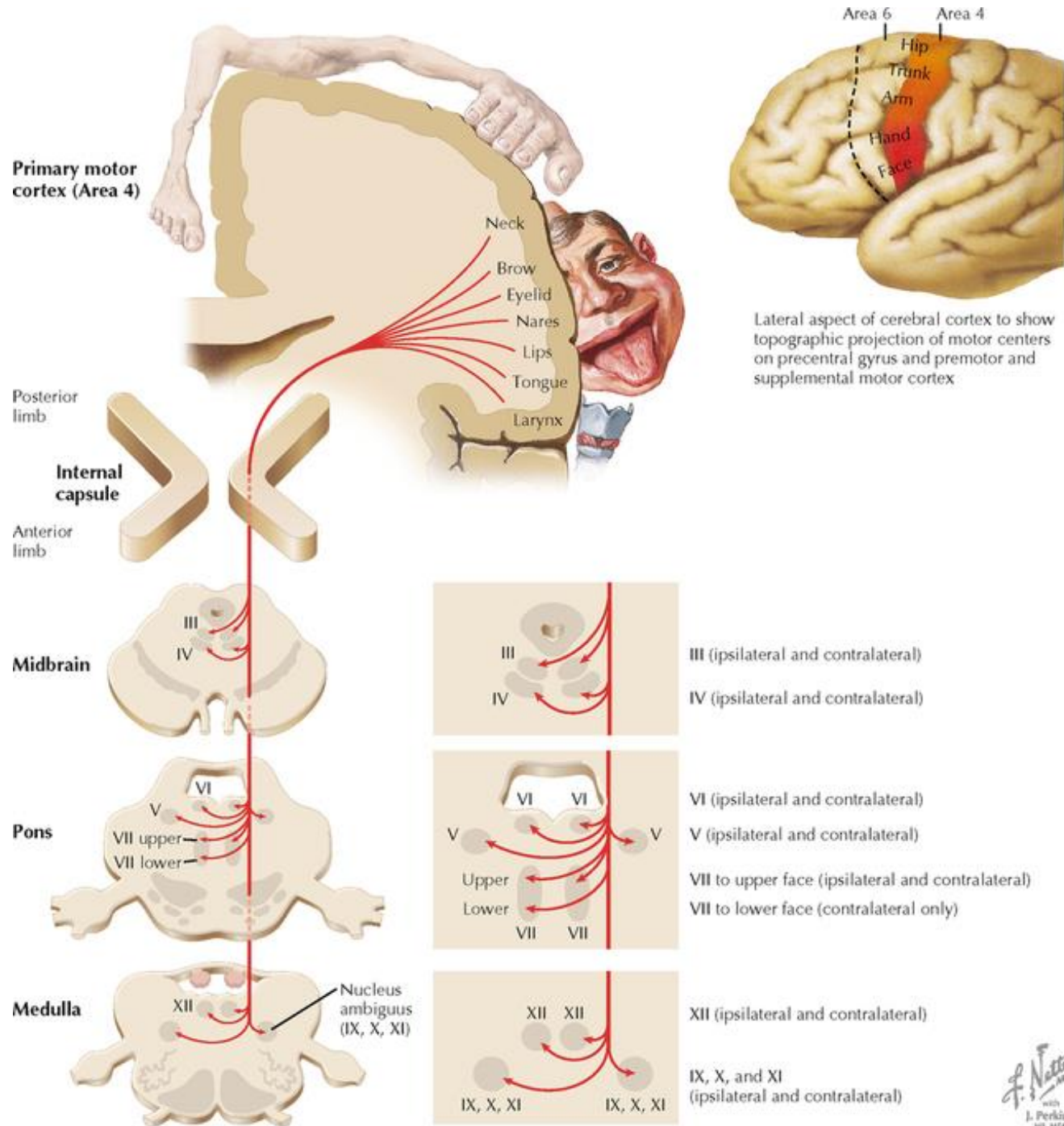
Two cases of opercular myoclonic-anarthric status epilepticus

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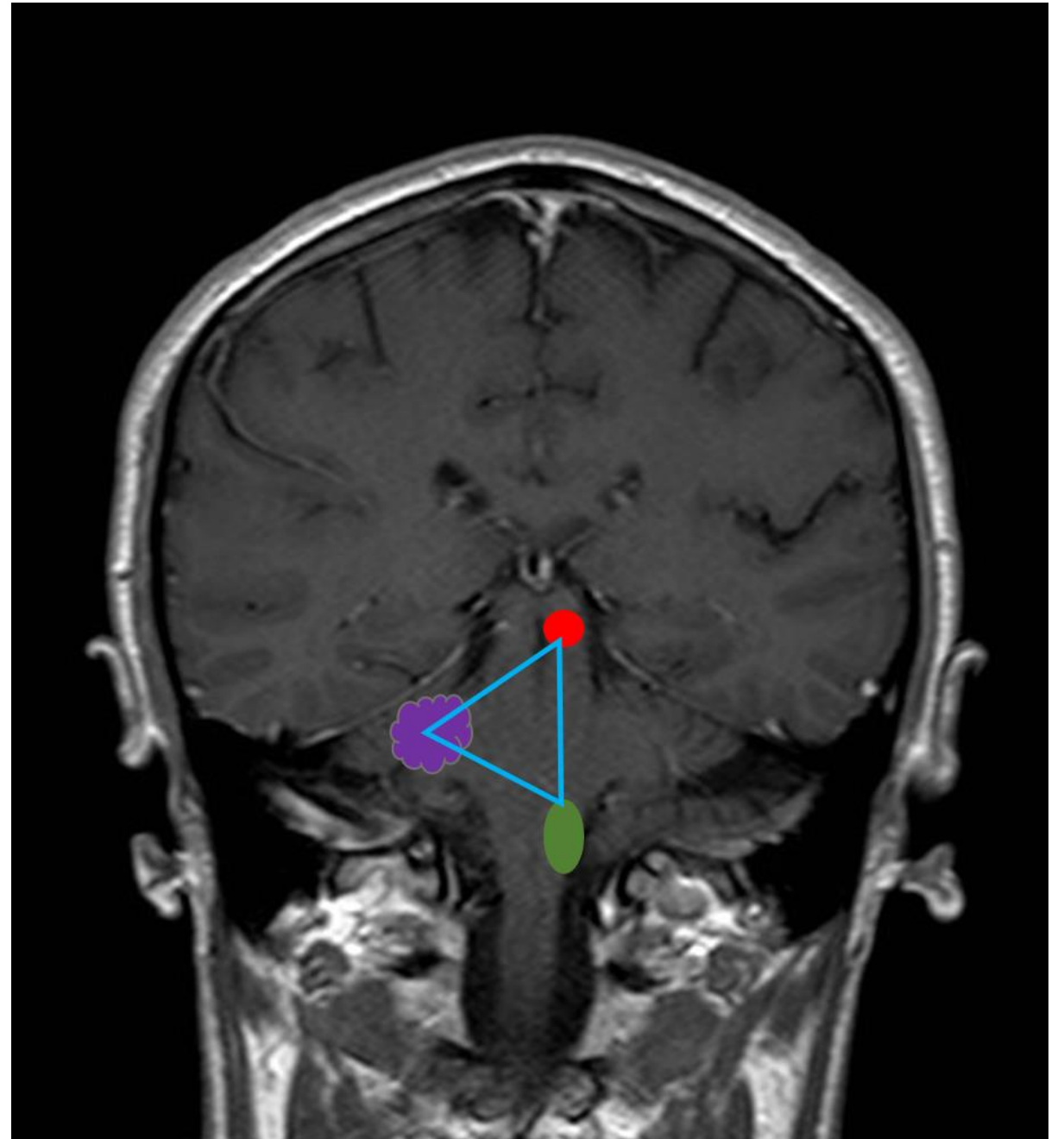
In Opercular Myoclonic-Anarthric Status Epilepticus, glossopharyngeal jerks are bilateral

The anterior opercular region contains a large representation of the face in the motor homunculus. The bilateral, symmetric, myoclonic involvement of the facial and oropharyngeal muscles can be explained by the bilateral cortical representation of cranial nerves V, VII, IX, X, and XII.



Opercular Myoclonic-Anarthric Status Epilepticus should not be mistaken with palatal myoclonus.

Palatal myoclonus usually occurs when brainstem lesions interfere in the dentato-rubro-olivary pathway (Gullain-Mollaret triangle). There is no cortical damage, it is not an epileptic phenomenon, and it does not respond to antiepileptic drugs.



**For Opercular Myoclonic-Anarthric
Status Epilepticus, conventional EEG
may be normal**

The operculum is a deep structure
and this might prevent signal
detection by surface electrodes.

