



Landscape of Common Hyperkinetic Movement Disorders in Africa



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Movement Disorders

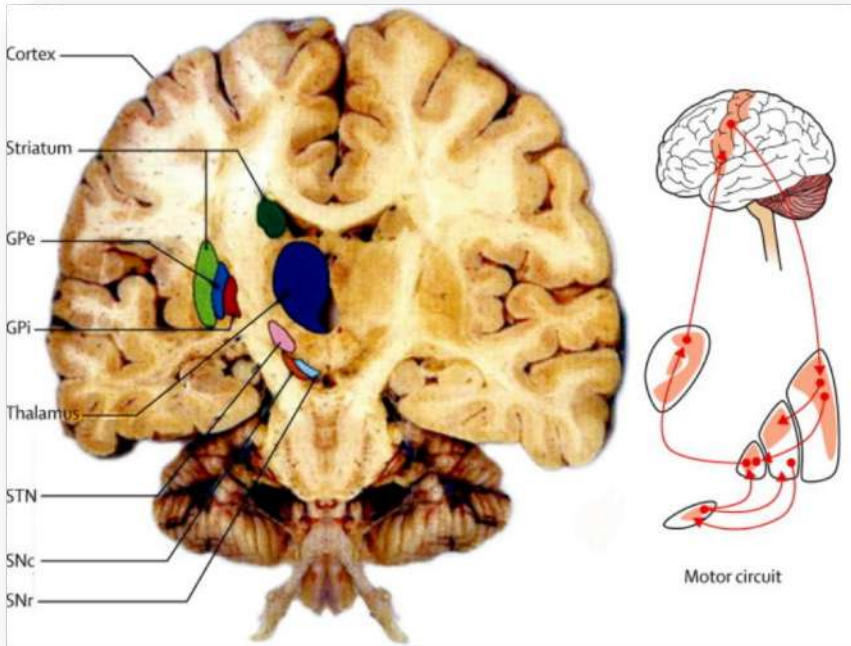
Hypokinesia

Paucity and reduced
of amplitude of
movement

Hyperkinesia

Excessive Movement

Combinaison



- ❖ Hyperkinetic movement disorders in Africa
- ❖ Characterized by a high burden of secondary causes
 - including stroke, infections (HIV, ...), metabolic issues, ...
 - limited neurogenetics, specialized care and epidemiological data
- ❖ Common hyperkinetic conditions include chorea, tremor, dystonia, ataxia, myoclonia, tics, ...
- ❖ With research, heavily reliant on international collaboration



hyperkinetic movement disorders



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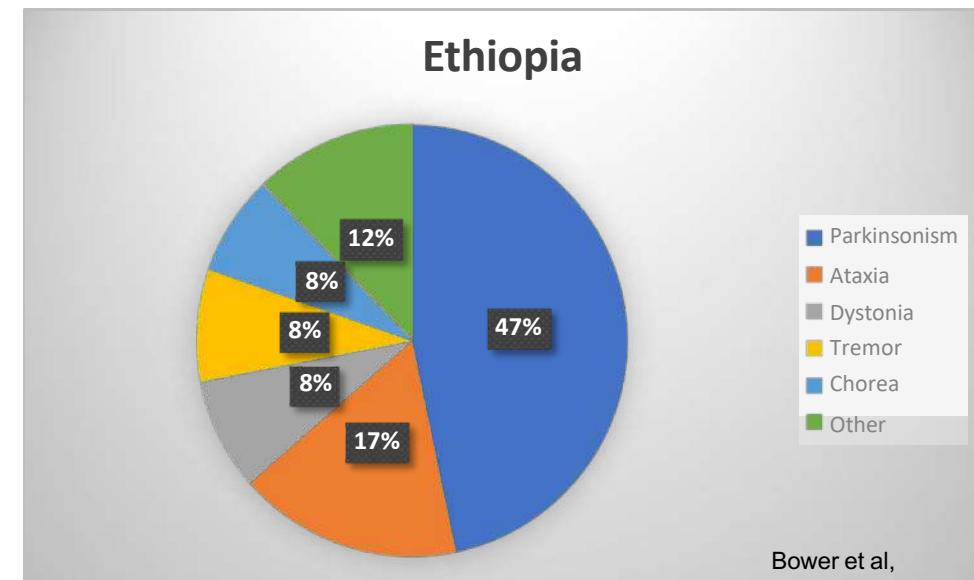
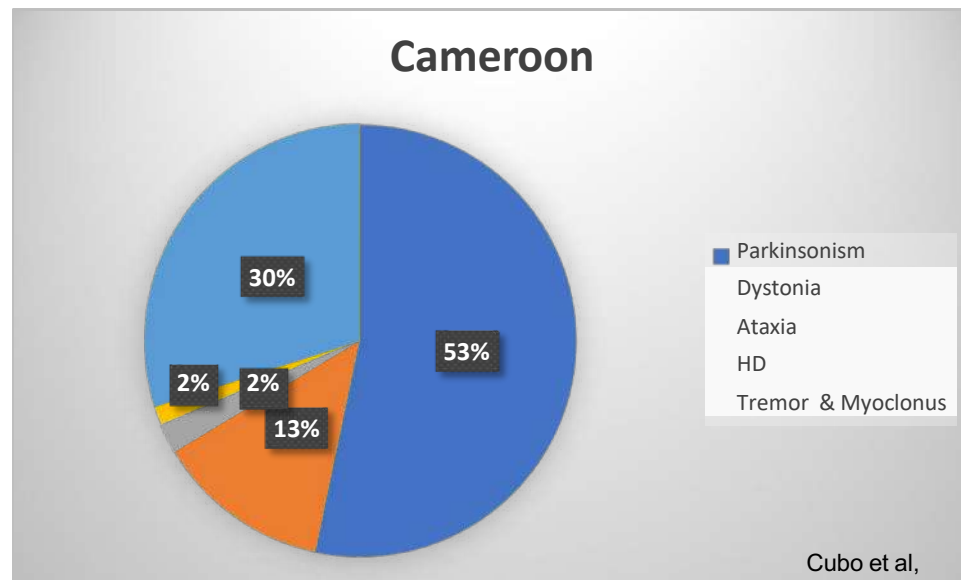
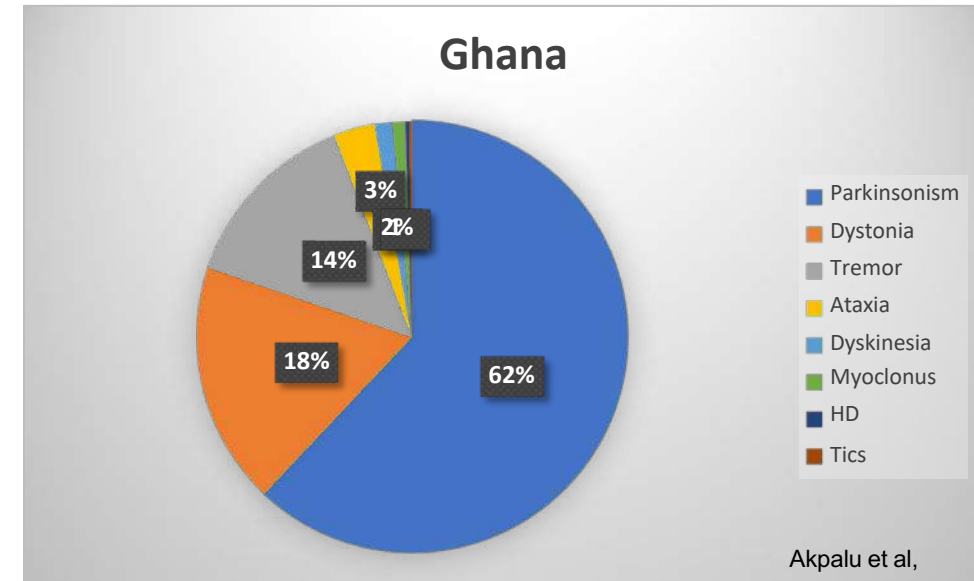
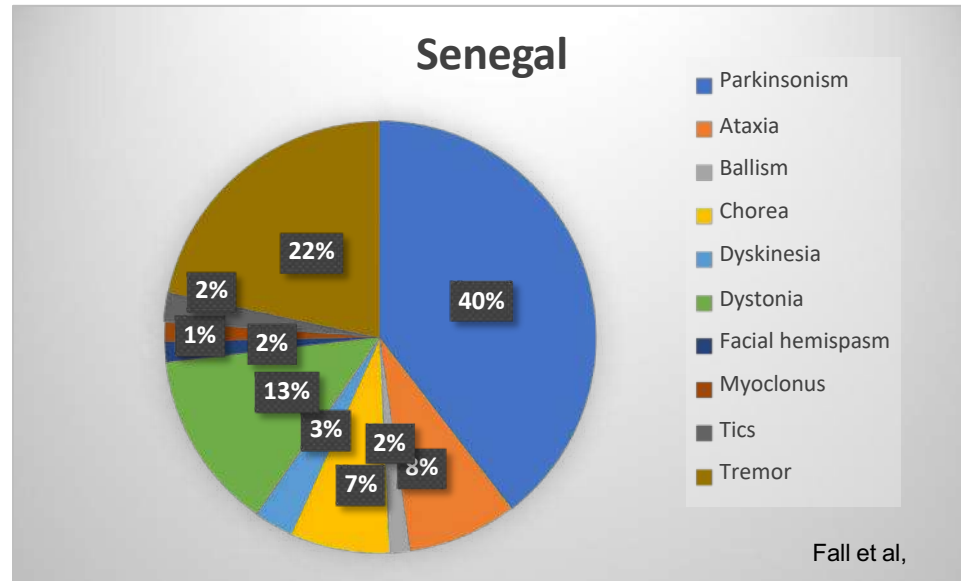
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Prevalence of Movement Disorders in Africa



Pre-recorded: Movement disorders in Africa, progress by education

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Parkinsonism and Related Disorders 98 (2022) 13–15



Contents lists available at ScienceDirect

Parkinsonism and Related Disorders

journal homepage: www.elsevier.com/locate/parkreldis



Spectrum of movement disorders: Experience of a one and half year of existence of the first specialized center in Senegal

Maouly Fall ^{a,*}, Ibrahim M. Dardare ^b, Alassane M. Diop ^a, Michel A. Pelagie ^a, Jamil Kahwagi ^b, Ghislain C. Dechacus ^b, Ndiaga M. Gaye ^b, Mie Rizig ^c, Ngor S. Diagne ^b, Moustapha Ndiaye ^b, Amadou G. Diop ^b

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Parkinsonism and Related Disorders 114 (2023) 105774



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Parkinsonism and Related Disorders

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Review article

A review of movement disorders in persons living with HIV

Ferzana Amod ^{a,*}, Vikram V. Holla ^b, Rajeev Ojha ^c, Sanjay Pandey ^d, Ravi Yadav ^e, Pramod Kumar Pal ^f

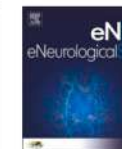
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journal homepage: www.elsevier.com/locate/ensci



Neurological disorders encountered at an out-patient clinic in Ghana's largest medical center: A 16-year review

Albert Akpalu ^{a,b,*}, Patrick Adjei ^{a,b}, Kodwo Nkromah ^b, Foster Osei Poku ^{b,c}, Fred Stephen Sarfo ^d

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^b Korle Bu Teaching Hospital, Accra, Ghana
^c Akwatia Hospital, Ghana
^d Kwame Nkrumah University of Science and Technology, School of Medical Sciences, Kumasi, Ghana



Diverse landscape but limited to clinical cases or case series

Tremor

repos et/ou action

Dystonia

(athetosis)

**Facial
Hemispasm**

Tics

Myoclonia

positive ou négative

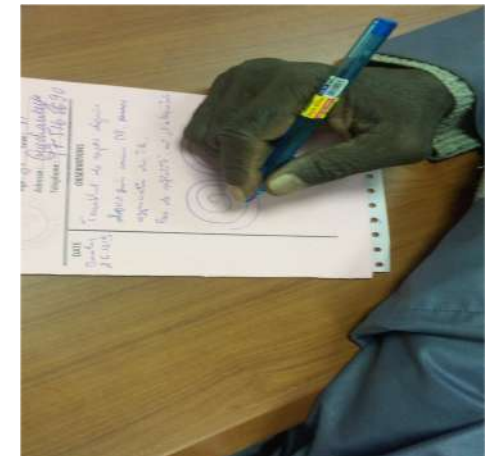
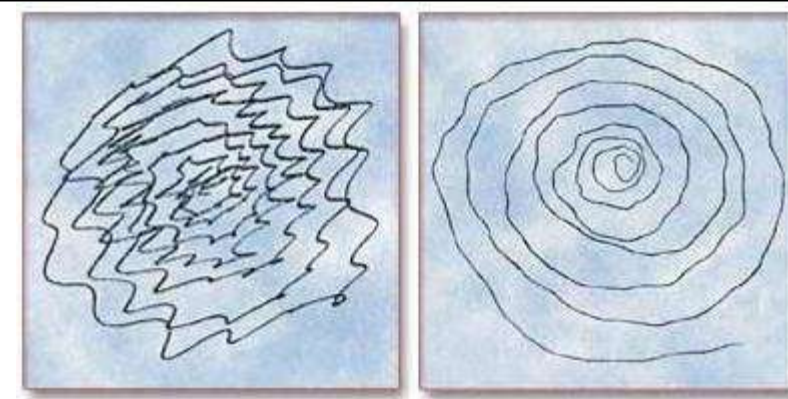
Chorea

+/- ballismus

Dyskinésia

Essential Tremor

- ❖ Involuntary rhythmic oscillations around equilibrium position
- ❖ Variable amplitude and frequency
- ❖ Distribution (limbs, head, voice,...)
- ❖ Rest / posture / action
- ❖ Oath, swordsman, pointing, writing, Archimedes spiral, glass-of-water test

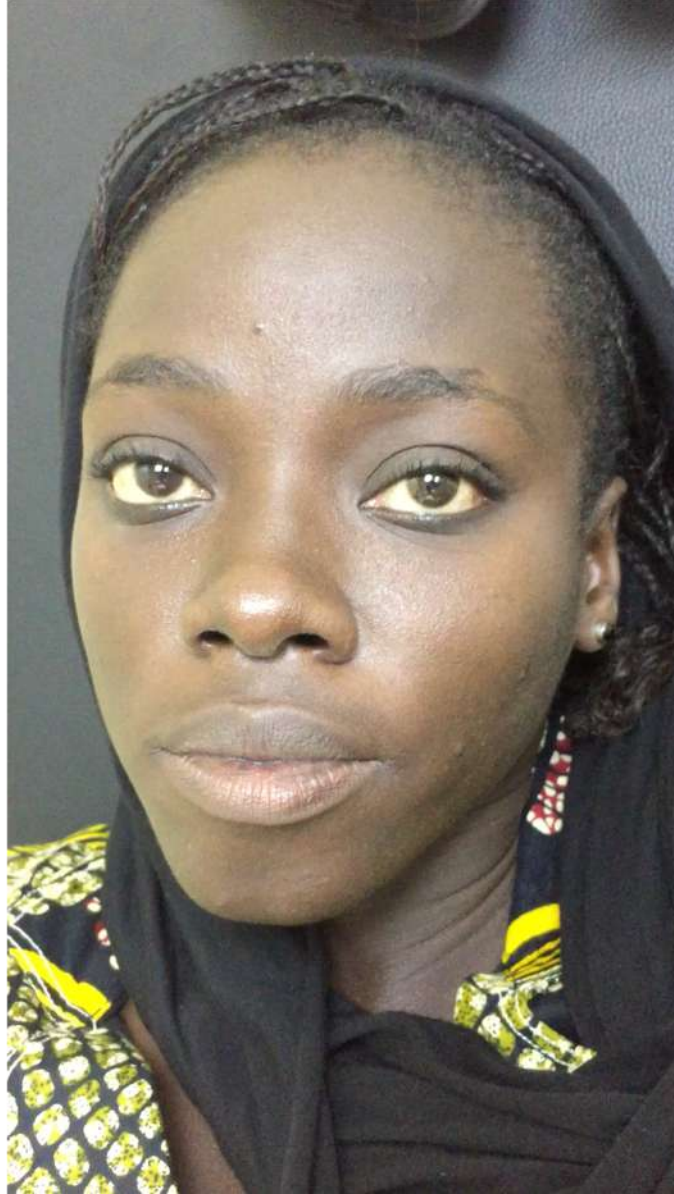


Essential Tremor

❖ Head tremor

- no no

- yes yes



Myoclonus



- These are sudden, very brief ("lightning-like") muscular jerks
- They result in displacement caused by muscle contraction (**positive myoclonus**) or by interruption of muscle tonic activity (**negative myoclonus**)
- Clinical and electrophysiological characteristics (EEG, PES, EMG recordings) generally enable the generator to be located.

Dystonia



- Prolonged involuntary muscle contractions, leading to repetitive twisting movements and/or abnormal postures.

Dystonia

□ We distinguish between focal forms
(spasmodic torticollis, blepharospasm,



writer's cramp, spasmodic dysphonia,
segmental (craniocervical or cervicobrachial)
or generalized.

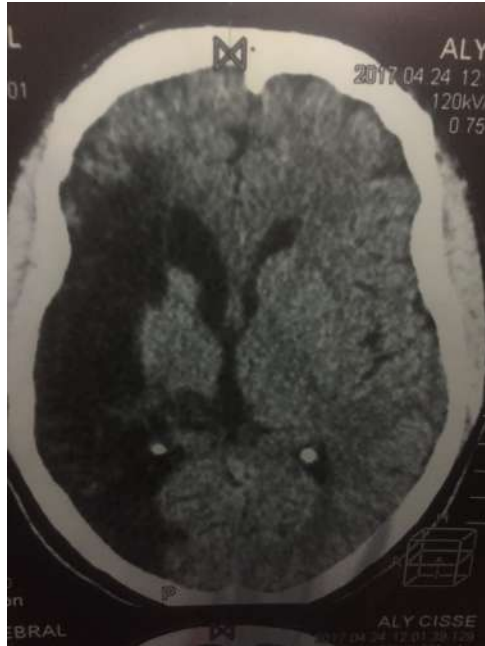


□ Sensory Trick (Antagonistic gesture)

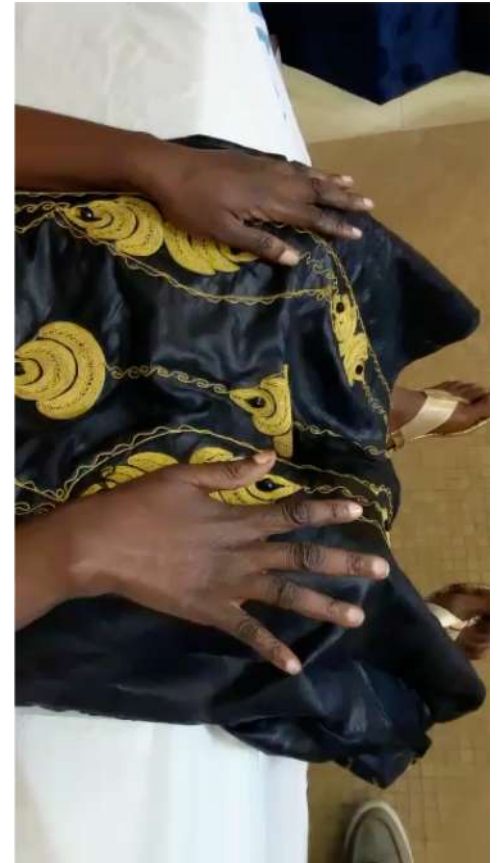
Sydenham's chorea



Dystonia : Athetosis (post stroke)

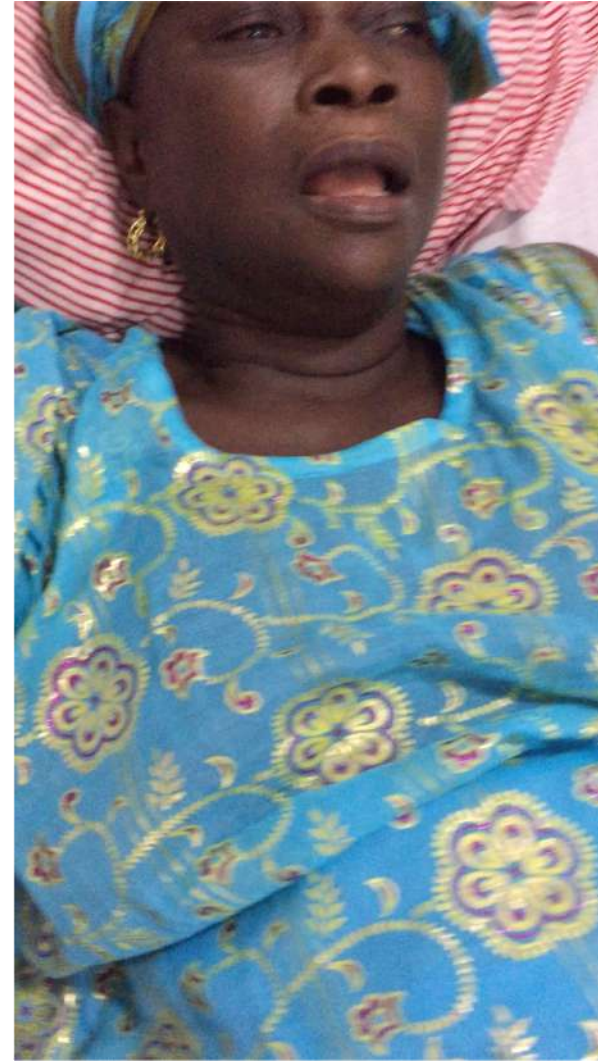


- ❑ Slow distal reptatory movements, previously referred to called "athetosis" are now considered dystonic



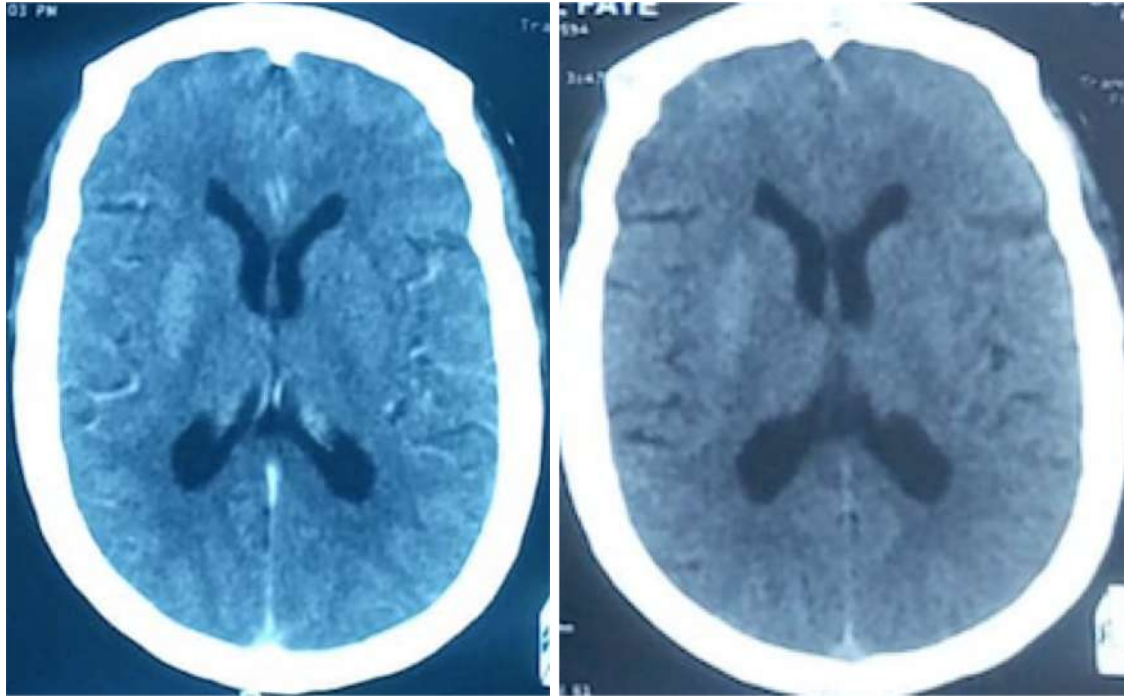
Ballism (post stroke)

- Large amplitude chorea > proximal



Some hyperkinetic movement disorders ...

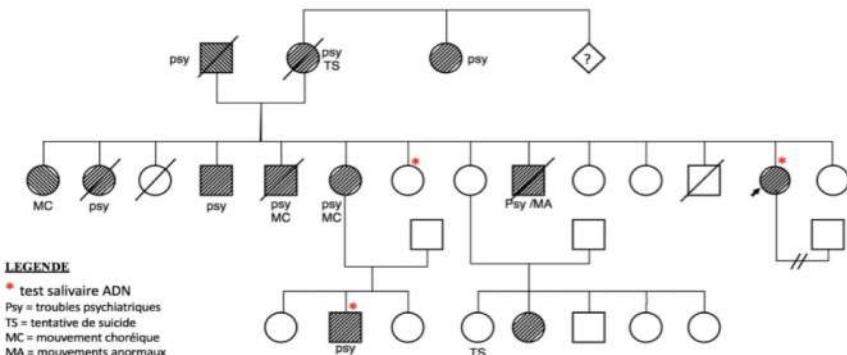
Hyperglycemia without ketones



Chorea



- Arrhythmic, abrupt, rapid (faster than dystonic and slower than myoclonic), unpredictable, chaotic movement interfering with normal movement.
- Starts in one part of the body and moves abruptly, unpredictably and often continuously to another part.
- Accentuated by stress, fatigue, posture maintenance, etc.



Tics

- ❖ Brief, sudden movements that are stereotyped and coordinated, giving them the appearance of a "caricature of a natural gesture »
- ❖ Accompanied by an internal sensation of the need to move
- ❖ They can be controlled by willpower for a few minutes, at the cost of increasing internal tension and rebound phenomena
- ❖ They may involve just a few muscles (simple tics) or be more complex, with vocalizations as in Tourette's disease.



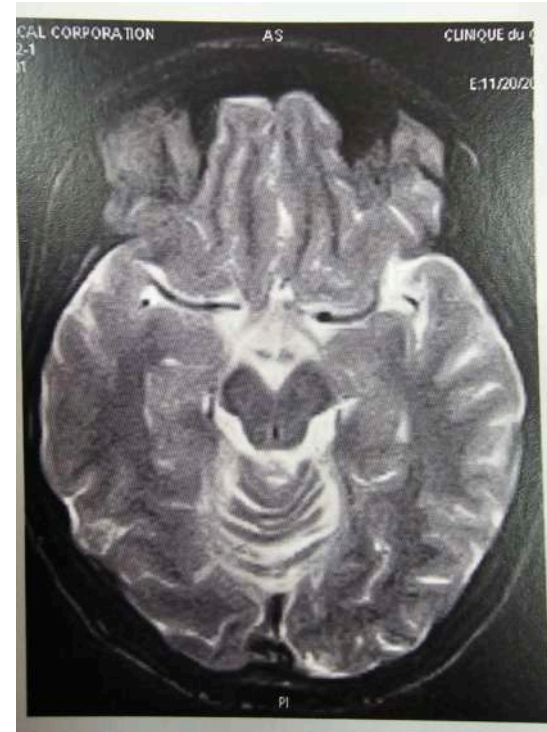
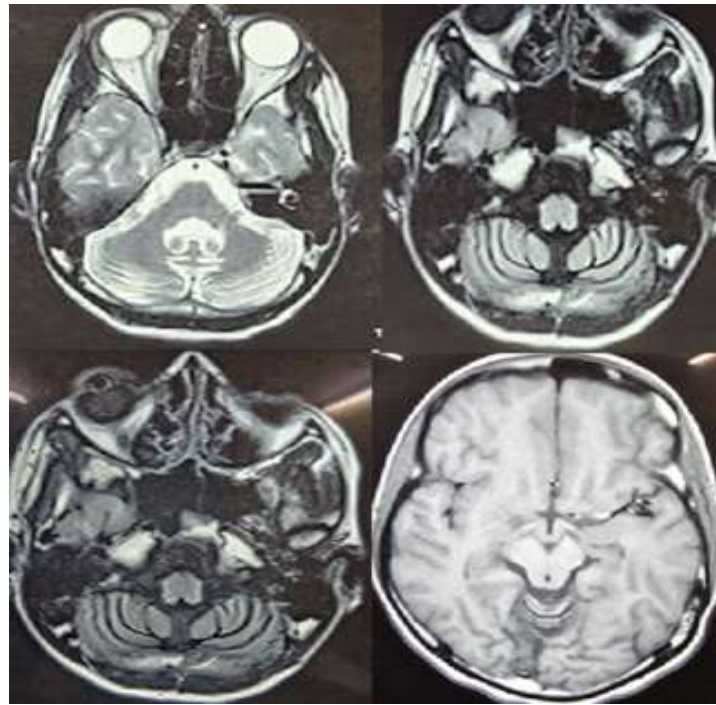
Stereotypies



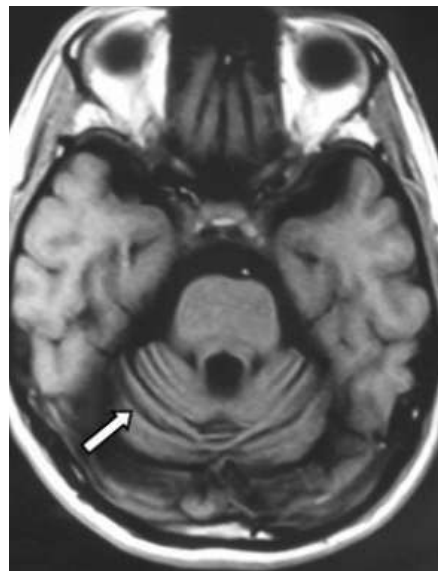
- Stereotypies are involuntary, repetitive, rhythmic movements following a precise pattern, without precise orientation but resembling ritualized gestural sequences, affecting the head, trunk or extremities.

Some hyperkinetic movement disorders ...

SCA7

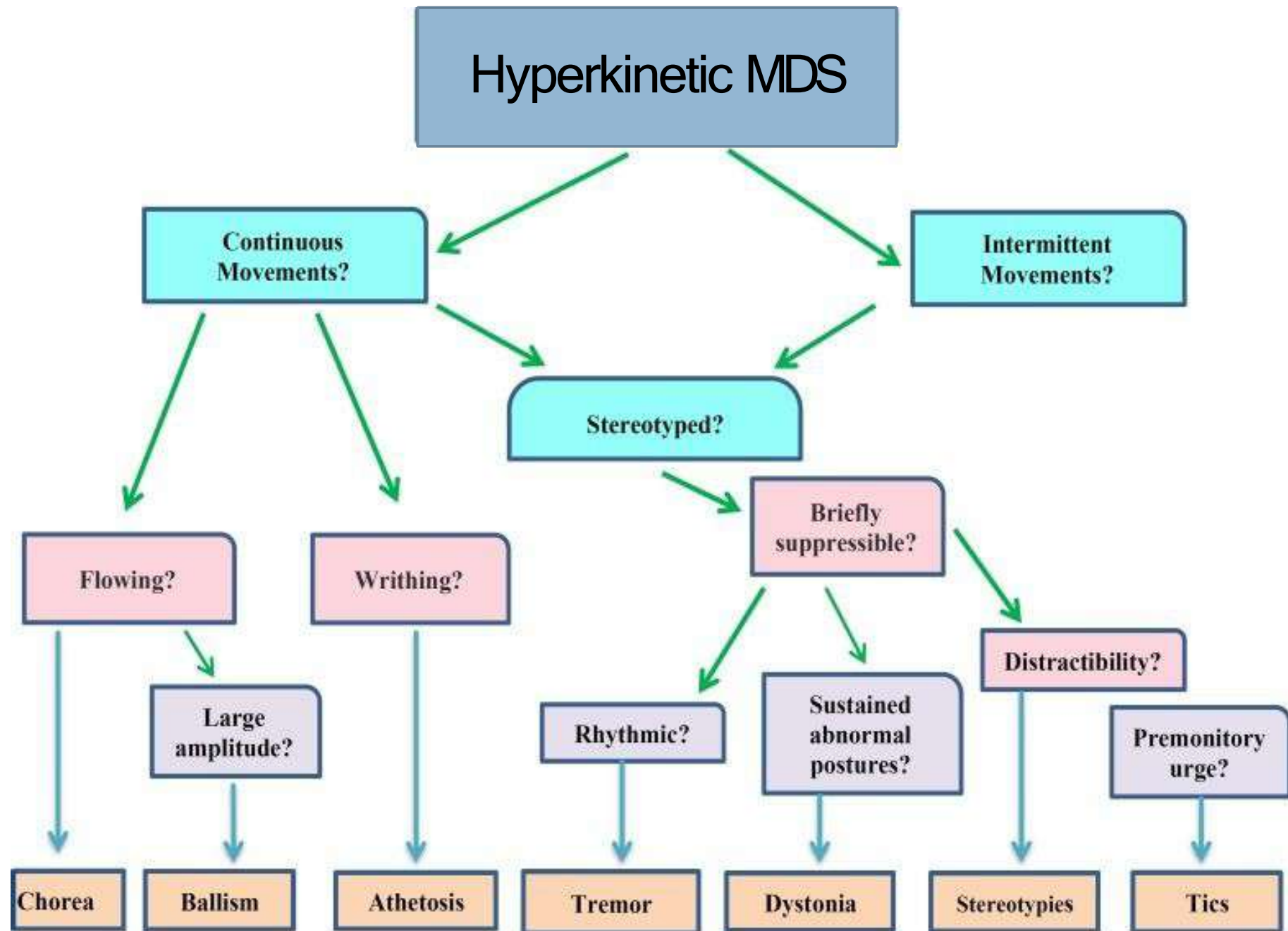


SCA17
DRPLA



SCA2





Hemifacial Spasm

- ❖ Paroxysmal, involuntary twitching of facial muscles on one side face
- ❖ Primary Hemifacial Spasm : most common etiology of HFS is compression of the facial nerve that exits the brainstem by an ectatic or aberrant artery
- ❖ Secondary Hemifacial Spasm : secondary to the following etiologies (Trauma, late sequelae to Bell palsy, ...)



Functional Movement Disorders

- ❖ Frequent in neurological practice
- ❖ All types of MD
- ❖ Important features
 - variability over time in the patient's history or during clinical examination
 - distractibility include changes with a maneuver such as finger tapping
 - normal neurological examination
 - Psychological trauma

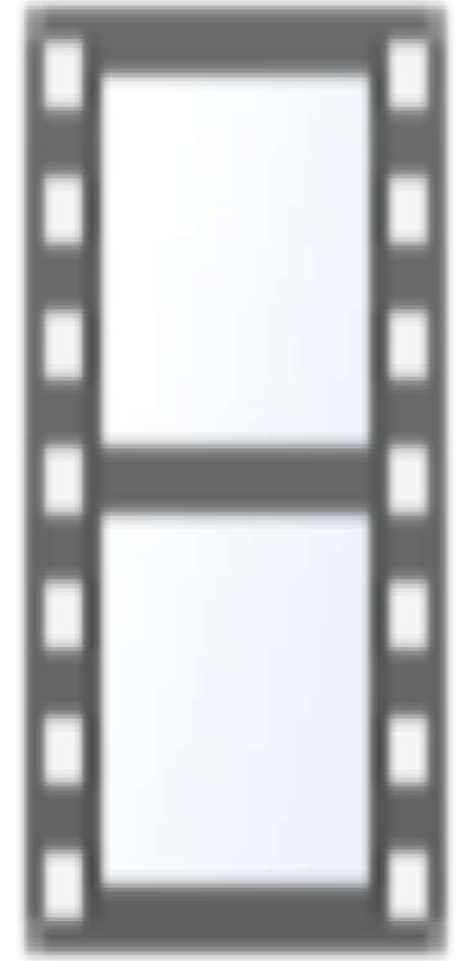
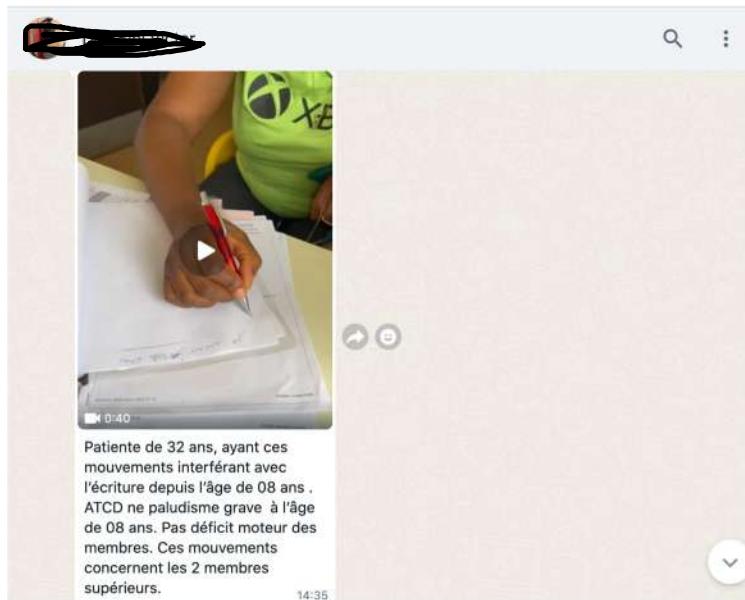


EDUCATION, TRAINING, SUPPORT

❖ Few examples of these links

➤ We regularly exchange information between some of them

on cases to be discussed

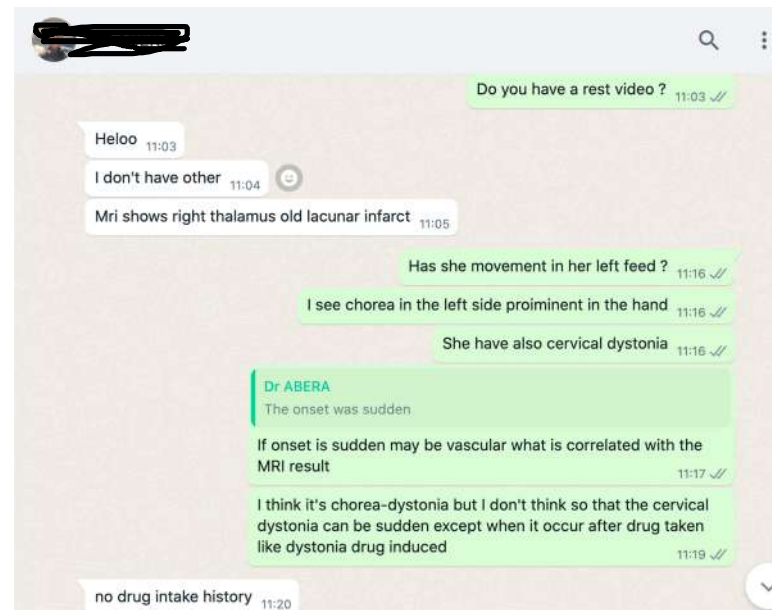
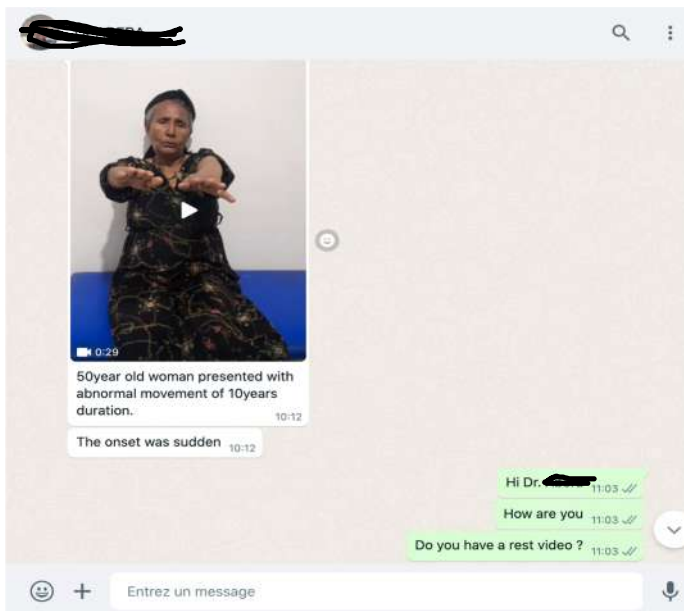


EDUCATION, TRAINING, SUPPORT

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THANK YOU FOR YOUR ATTENTION

