Elbow clonus

Noorasyikin Mohamed Arifin, MBBS, and Ching Soong Khoo, MD(Hons), MRCP (UK)

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Correspondence

Dr. Khoo
chingsoongkhoo@gmail.com

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Video

A 45-year-old woman presented with a 2-day history of the right upper and lower limb weakness. She had history of craniotomy and blood clot evacuation for hypertensive left basal ganglia hemorrhage in 2014. She had recovered with mRS 2/6 upon discharge. Cranial nerve examination revealed right upper motor neuron facial nerve palsy. Her right upper and lower limbs were hypertonic with positive Hoffman sign. Hyperreflexia was found in the right supinator, biceps, and triceps. Striking the right triceps tendon resulted in sustained right shoulder and elbow clonus (as demonstrated in the video 1). There was also hyperreflexia of the right knee and ankle. The right plantar response was upgoing. The CT of the brain revealed encephalomalacic changes over the left hemisphere with left frontal craniotomy (figure, A and B).

Clonus is related to upper motor neuron lesion, which manifests as series of involuntary rhythmic muscular contraction and relaxation. It is commonly found in the ankle and rarely manifested in the shoulder or elbow. This patient presented with sustained clonus involving the right shoulder and elbow, which was an extremely rarely seen upper motor neuron sign.

Author contributions

N.M. Arifin: drafting/revising the manuscript, acquisition of data. C.S. Khoo: drafting/revising the manuscript, data acquisition, study concept or design, analysis or interpretation of data, contribution of vital reagents/tools/patients, acquisition of data, study supervision.

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Figure CT of brain changes

(A, B) Views of left frontal craniotomy and encephalomalacic changes over the left hemisphere with hypodensity.