P13

Paroxysmal dyskinesias: clinical features and management throughout pregnancy

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Introduction: Paroxysmal dyskinesias (PxDs) are a group of rare hyperkinetic movement disorders that mostly occur in young individuals. Treatment mostly relies on antiepileptic drugs; however, because of the teratogenicity of these drugs, the management of pregnancy in PxD patients represents an emerging issue. As well, PxD clinical course during pregnancy is almost unknown.

Objective: To highlight relevant features of PxD throughout pregnancy and provide helpful insights for its management.

Methods: We reported the course and the management of a pregnant 22-old woman (Case 1), followed-up at our centre from the age of 15, when she was diagnosed with PxD due to *PRRT2* variant. Then, an in-depth literature search was performed to collect all pregnant patients suffering with PxD [1-4]. Significant data were extracted and pooled with those from Case 1, running descriptive statistical analysis.

Results: Together with our Case 1, a total cohort of 19 PxD pregnant patients has been collected. The majority (13/19; 68.4%) of patients, including Case 1, presented amelioration of symptoms during pregnancy. Only one patient with non-genetically defined PxD complained with symptoms worsening [1-4]. In our case, antidyskinetic therapy withdrawal (lamotrigine) led to a safe pregnancy outcome.

Conclusions: This study addressed the emerging issue of pregnancy in PxD patients, showing that attacks tend to ameliorate during pregnancy in almost 70% of cases so far reported. This finding may support a safe drug withdrawal, which can prevent risks due to teratogenicity. On the other hand, clinical fluctuations of PxD with pregnancy may suggest a role for hormones in pathophysiology of movement disorders, which needs adequate studies.

References

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