However, the patient we described had no movements that could be induced either by cues or by passive movement. Our patient also did not have any evidence of perseveration.

Repetitive slow or clonic movement in 4 cases were also reported by Lee and Marsden in a review of 62 cases of movement disorders following thalamic or subthalamic infarct. But the movement appeared after a delay of 3 weeks to 9 months following the stroke, and the authors concluded that the clonic movements might have been epileptic in origin.

Stereotypy has been defined as a non-goal-directed movement pattern that is repeated continuously for a period in the same form on multiple occasions and which is typically distractible. It can be primary or secondary to some underlying neurological conditions such as developmental delay, paraneoplastic and postinfectious conditions, basal ganglia lesions, and drugs (amphetamine and psychostimulants). Stereotypy may also be confused with motor tics, tardive dyskinesia, restless leg syndrome, and automatism. Unlike tics, they are not associated with an internal urge to perform the task and there is no development of internal tension when the patient tries to suppress this movement. In our patient, although the severity of the movement varied over time, the pattern remained the same in the form of wrist flexion extension. The movements were also distractible as it used to stop when somebody got very close to him, causing great difficulty in video recording. He was also able to suppress the movements at will, which is clearly seen in the video. On direct questioning, he denied any internal urge or tension when the movements stopped.

Based on the discussion here, we would like to differ with Tai and colleagues about the possibility of clonic perseveration in our patient, and we think that stereotypy will be a better phenomenological description. However, we agree that stereotypy and clonic perseveration need to be recognized following basal ganglia or thalamic lesion to avoid misdiagnosis of tremor and seizure.

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Conflict of Interest Disclosures: None reported.


CORRECTION

Error in Author’s Name: In the Special Communication titled “Implementing a Mobile Stroke Unit Program in the United States: Why, How, and How Much?” published online December 8, 2014, and also in the February 2015 print issue of JAMA Neurology, the first author’s name was missing the middle initial and should have appeared as Suja S. Rajan. This article was corrected online.