Myoclonus was primarily presented as a specific pathophysiologic concept by Marsden et al. in 1982 [2], when the first clinical classification of myoclonus was proposed. Myoclonus is firstly a clinical sign defined as a sudden, brief, and involuntary movement that is caused by muscle contractions or inhibitions. However, myoclonus can also be classified according to its clinical presentation, etiology, and aspect on neurophysiologic examination. Myoclonus remains indeed a puzzling subject for physicians who have to gather in clinical definitions, historical conventions and neurophysiologic findings.

This special issue of NCCN is devoted to myoclonus, which was the topic of the 2006 Winter Meeting of the French Clinical Neurophysiology Society. During this meeting, we tried to put together the different aspects of myoclonus. I would like to thank all the 14 authors who participated to the meeting and accepted to write a manuscript for this special issue of NCCN.

Hiroshi Shibasaki and François Cassim share their great experience on neurophysiologic classification of myoclonus. Their papers are completed by that of Laurent Vercueil, who presents myoclonus as a movement disorder. The physiological bases of proprioceptive myoclonus are described by Christiane Rossi-Durand. Jean-Pascal Lefaucheur reports on myoclonus and transcranial magnetic stimulation. Some new genetic and biochemical aspects are presented by Thierry Grisar.

Different clinical presentations of myoclonus are considered in the following papers of this issue. Carlo Alberto Tasinari gives his current opinion on negative myoclonus, Pasquale Montagna reports on the clinical concept of propriospinal myoclonus during sleep, and Hans-Michael Meinck presents the startle and its disorders. Several etiological aspects are finally presented: Michel Borg provides an exhaustive review of symptomatic myoclonus, Luc Defebvre debates on myoclonus occurring during extrapyramidal diseases, C. Brefel-Courbon reports the results of a French pharmacovigilance study of drug-induced myoclonus and Wafa Regragui and Marion Simonetta-Moreau report on their experience on the so-called “Familiar Cortical Myoclonic Tremor with Epilepsy.”

Myoclonus has seen important progress in recent years with regard to description of myoclonus syndromes, clinical neurophysiology, and pathophysiology [1]. Despite this, myoclonus remains a very disabling movement disorder without specific treatments. This meeting, which was organized by the French Clinical Neurophysiology Society, gave an outstanding opportunity to gather the different currently discussed aspects of myoclonus and to synthesize these in this issue of NCCN.

References


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