

## Dancing Abdomen

Ruot GT

University of Juba, School of Medicine, South Sudan. Email: ruotteny@gmail.com

### Abstract

#### Case report

- 26 years old female. Para 3+0, LD in 2019
- Presented with 4 days history of involuntary abdominal movement.
- She has no abdominal pain, bloating or altered bowel movement
- She has no convulsions, headache and any drugs abuse
- She has irregular cycle, no dysuria or PV discharge

#### Physical examination

Looks well, not pale, jaundiced, cyanosis or lower limbs edema

**Abdomen:** Normal contour, involuntary rhythmic movement, no organomegally or ascites

**CVS/RS:** Normal

**CNS:** GCS 15/15, normal motor and cranial nerves examination

#### Differential diagnosis:

1. Focal seizures
2. Psychomotor disorders
3. *Labs:* CBC: normal
4. *Electrolytes:* Ca<sup>2+</sup>: 8.5, NA: 131, K: 4.0
5. *Abdominal US:* Unremarkable
6. *Management:* Carbamazepine 200 mg po bd
7. Patient reviewed in the clinic after 3 days, movement were reducing. Then her medications changed to haloperidol 5 mg bd

#### Belly Dancer Dyskinesia

**Definition:** Belly Dancer Dyskinesia (BDD), also known as diaphragmatic flutter, is characterized by rhythmic, involuntary contractions of the diaphragm resulting in undulating, rhythmic movements of the abdomen resembling a belly dance.<sup>1</sup>

- BDD is a rare presentation with only few cases reported in literature.<sup>2</sup>
- The name was given by Ilceto G *et al* in 1990<sup>2</sup>
  1. Aetiological and therapeutical observations in a case of belly dancer's dyskinesia.

Linazasoro G, Blercom NV, Lasa A, *et al.* *Mov Disord.* 2005; **20**:251–253

2. belly dancer's" dyskinesia. Ilceto G, Thompson PD, Day BL, *et al.* *Mov Disord.* 1990;**5**:15–22.

#### Aetiology: <sup>(3,4)</sup>

- Tardive dyskinesia
- Spinal cord trauma
- Myelitis
- Malignancy
- Vascular lesions
- Drugs

3. Van der Salm SMA, Erro R, Cordivari C, *et al.* Propriospinal myoclonus: clinical reappraisal and review of literature. *Neurology.* 2014; **83**(20): 1862–1870

4. Aldabbour B, E'Leimat I, Alhayek K, *et al.* Recurrent belly dancer's dyskinesia with pregnancy. *Mov Disord.* 2019; **12**(2): 128–129

#### Diagnosis

- Mainly clinical diagnosis
- Work up to r/o common etiologies (i.e; Brain CT scan, EEG, EMG, electrolytes etc..)<sup>2</sup>
  2. belly dancer's" dyskinesia. Ilceto G, Thompson PD, Day BL, *et al.* *Mov Disord.* 1990; **5**:15–22.

#### Treatment <sup>5-7</sup>

- Benzodiazepine
- AED (Carbamazepine and Na valproate)
- 5. Ilceto G, Thompson PD, Day BL, Rothwell JC, Lees AJ, Marsden CD. Diaphragmatic flutter, the moving umbilicus syndrome, and "belly dancer's" dyskinesia. *Mov Disord.* 1990; **5**(1):15–22.
- 6. Inghilleri M, Conte A, Frasca V, Vaudano AE, Mecco G. Belly dance syndrome due to spinal myoclonus. *Mov Disord.* 2006; **21**(3):394–396
- 7. Linazasoro G, Van Blercom N, Lasa A, Fernández JM, Aranzábal I. Etiological and therapeutical observations in a case of belly dancer's dyskinesia.